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Original Articles

ORAL SEPSIS.*

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NORTH STAR, MICH.

Under the heading of Oral Sepsis there are several subjects I wish to consider: 1. Pyorrhea Alveolaris. 2. Alveolar or root abscess. 3. Decayed teeth. 4. Suppurative tonsilitis and peri-tonsilitis. 5. Nasal sinus suppuration. 6. Adenoids and 7. Postnasal catarrh.

Looking back a few years we can see a most wonderful change in our knowledge and opinions relative to the effect these various suppurations have upon the human economy. We formerly considered that decayed teeth, and suppurating roots, or gums, interfered with the patients health only insofar as they interfered with the proper mastication of the food. And the bad stomach that so often accompanied these suppurating processes were attributed to the same cause.

Not many years ago we thought that a tonsil to cause trouble must be markedly enlarged, and to relieve the trouble we used the gillitone on it, which procedure only made a bad matter worse. If these cases had follicular tonsilitis or enlarged follicles that kept filling up with that white caseous material we would very deftly curette these diseased follicles, or apply caustics in the hope of destroying this diseased tissue. These methods of treatment have been entirely discarded. Those men who are adept at the enucleation of the tonsil can not help but be impressed with the necrotic condition of the peritonsillar capsule, showing that the seat of the infection was so deep that the old

gillitone, curette, and caustics could never reach the source of the trouble which only a clean enucleation of tonsil and capsule in toto can do.

Nasal sinus infection was commonly called catarrh; or neuralgia if there was much pain associated with it. Chronic postnasal catarrh was thought to be unavoidable; due to bad climate and changeable temperature, while now we consider them an ever present source of ill health.

A few years ago we found many children backward, stupid, or lazy. Now we take these same children and remove a mass of necrotic adenoid tissue and they become bright, intelligent, and industrious children. Many a criminal career has been prevented by the timely removal of diseased and enlarged tonsils and adenoids. We are coming to recognize these cases of oral sepsis and to ascribe to them their proper value in the etiology of many systemic diseases.

This brings me to the point in this paper, and the one I wish most earnestly to call to your attention: The etiological factor oral sepsis plays in the production of many organic diseases.

Dr. Chas. Mayo read a paper before the National Dental Association and in his discourse he showed that great scourges such as cholera, yellow fever and plague, that in generations past ravaged the world, had been taken from the earth by medical science, and then as his climax he said that the present generation would not die from these plagues, they would die of some simple infection; that ninety out of every 100 probably would die of some simple infection, the result of some focal infection, which focus itself would give them no trouble.

*Read at the January meeting of the G. I. C. Medical Society by C. T. Pankhurst, North Star, Mich.

He then referred to the fact that 90 per cent. of the lesions of the focal infections are above the collar; and would include tonsils, antrum nasal sinuses and oral infections.

When Dr. Mayo comes out with the statement that the present generation will nearly all die from focal infection, directly or indirectly and 90 per cent. of these foci of infection are above the collar, it certainly behooves us to look well to our cases of oral and nasal infections if we expect to prevent or cure these cases in the future, instead of doting them up and prolonging their misery as we have done in the past.

It has been said that 85 to 90 per cent. of infectious diseases gain access to the body through the mouth or nose. knowing this, it is easy to see how some of these germs may find a lodging place, perhaps, around a tooth where the gum has been injured by improper or careless cleansing of the teeth, or, in a decayed tooth, or in a deep crypt of a tonsil, or some place else in the nose or mouth where the mucosa has been abraded. They gain a foothold and if the person is slightly debilitated they gain such a start, that the person is not able to rid himself of the infection. Many of these germs are of a low state of vitality, but very resistant to any method of destruction.

Following measles, scarlet fever, pneumonia, lagrippe and various other diseases you frequently find chronic tonsillitis; pyorrhea alveolaris; nasal sinus infections; and post nasal catarrh. Many people date the beginning of their ill health to one of the above diseases.

With a person in a debilitated condition we have the first requisites to oral sepsis; and an abraded mucosa from any cause constitutes the second requisite. When these germs are thus lodged, they produce a swollen and congested mucosa, the epithelium is destroyed and this allows others germs to contaminate the infection. As these germs grow they frequently produce an acid reaction in the mouth and this together with a change in the amount of oxygen, and the food of these organisms frequently so change their characteristics, that they become an entirely different organism. Dr. Rose-

nouw has shown that you can take the pneumonia germ and by modifying the amount of oxygen and by using different culture media you can completely change its morphological characteristics.

He has succeeded in changing the diplococcus pneumonia into a streptococcus, that in most cases would attack synovial membranes. Another streptococcus he produced from this same pneumococcus, he called streptococcus viridans, that nearly always attacked the heart valves. He also showed that certain streptococci had a predilection for the kidneys, causing parenchymatous nephritis; some varieties attack the mucous membrane of the stomach causing ulcer, others causing appendicitis. We know that the Bacillus Typhosis attacks Pyer's patches; that the pneumococcus most generally lodges in the lungs. These germs do not just happen to attack these various structures they lodge there and grow because they find there the substances necessary for their growth. All germs have a selective affinity for certain parts of the body.

Why is it that we have more appendicitis, neuralgia, arthritis, nephritis, inflammations of the heart, etc., during the winter and spring? We have thought in the past these things were due to bad weather and the cold, but we now know that they arise from an attack of tonsillitis or bad cold or the grippe. What a multitude of infections we class under the head of colds, or grippe, when, in fact most cases of colds and so called grippe are nothing more than an acute exacerbation of an old tonsillitis or post nasal catarrh or some sinus infection. Many a pneumonia is due to an acute flare-up of some oral or nasal infection, that by an extension soon involves the lungs. A person with a suppurative infection is just about as safe as a person sitting on a powder barrel playing with fire. You do not know how soon it is going to explode.

Many diseases can be directly traced from the primary focus of suppuration in the nose or mouth to the distant part of the body that is infected. Rosenouw and many other investigators, have, by finding the identical germs in both organs and by taking these germs and

injecting them into animals, been able to reproduce the disease. Appendicitis, ulcer of the stomach, nephritis; arthritis; etc., have been thus proven. It is not always possible to find the original focus of infection, as this may have disappeared, or healed thus obscuring the real etiology.

I wish to quote from a paper by Dr. Price in the *Journal of the National Dental Association* of February, 1918. He says:

"If we take the amount of debris from a decaying tooth that would be represented by a milligram, an amount you could carry on the head of a pin almost, and count the organisms in it, you would have all the way from 10 to 250 or 500 million organisms."

When you realize that a milligram of material would only be a fraction of the total amount in the mouth, we get an idea of the amount of infection we are carrying around with us, and when you have one or more of the more virulent organisms, you can readily see that it is a tremendous strain on the patient's defensive forces to keep such an infection even smothered to say nothing about completely destroying it.

It has been estimated that in a bad case of suppurative tonsillitis or pyorrhea alveolaris there is from one to two tablespoonfuls of pus with billions of bacteria taken into the stomach and absorbed into the system every twenty-four hours. Is it any wonder we have people coming to us complaining of stomach trouble?

Dr. Hartzell states that if any one of us had an abscess area as large as a penny on our hand, our physician would be very careful to have it covered or protected, but, if we have an abscess area or pyorrhea pocket one-eighth of an inch deep around each tooth, how many square inches of suppurating area do you suppose we have? Four square inches. Now what surgeon or physician would allow such a patient to go for one moment with that much suppurating surface from which infection can come, and yet we pay little attention to it because it is in the mouth.

The same applies to suppurative tonsillitis, or peritonsillitis, or nasal sinus infections, or

post nasal catarrh. In these cases there is an immeasurable amount of pus and toxins flooding the system, that is, over-taxes the stomach to sterilize this great amount of pus and leads to a gastric catarrh and lack secretion, the liver is over worked breaking up these foreign proteids, and toxins, the toxins irritate the nerves and lead to neuralgia and neuritis. The suprarenal secretion, together with the hemoglobin, form the opsonins; and thus these structures are over worked and produce a great variety of symptoms and trouble, all leading toward a decline in health and a greater vulnerability to disease.

All this evidence points to the conclusion, that we should not try to cure a bad stomach, or inflamed, or diseased heart, with medicine alone but should clean up the mouth and nose. If there are bad teeth have them pulled or filled. If you have a case of arthritis or so called rheumatism, look for the source of the trouble in the tonsils or around the teeth.

If we stop thinking about these various diseases as simply inflammations, and think of them as an extension of an infection from some other part of the body, and then set about to locate and destroy that source of infection, we are able to do our patients some real good, because we arrest the trouble at the source.

To recapitulate: I wish to again call your attention to the close relation of these foci of infection in oral sepsis to many of the distant and more grave constitutional diseases. The time has come when we must cease to think of nephritis, appendicitis, arthritis, neuritis, etc., as a primary pathological entity, but must consider them as a complication or extension of some focus of infection in some other part of the body and, as 90 per cent. of these foci are in the mouth, nose or throat, we should look there for the exciting cause of our malady, and the point of attack where we should center our efforts of treatment.

It does little good to give a person digitalis to strengthen a bad heart when you allow oceans of toxins from diseased teeth to keep pouring into the circulation to annul all your good efforts and millions of bacteria are taken into

the stomach, and many find there way directly into the circulation, to keep some distant infection constantly active by reinfection.

We have long known that carcinoma and sarcoma can reproduce themselves in some distant part of the body from a microscopical piece of the parent tumor which has found its way into the blood stream or lymphatics and lodged in some distant organ. Is it any less reasonable to think that nephritis, or some of these other diseases can be produced from a small particle of necrotic tissue or mass of bacteria that have become detached or found their way into the circulation from some suppurating tonsil?

We all have patients who come to us every little while for a bad cold. They complain of catching cold every time they go out of doors. Now, if you take the pains to investigate, you will find that in most cases, these attacks of catching cold are nothing more or less than an acute exacerbation of a chronic tonsillitis, or post-nasal catarrh, and in these cases by removing the diseased tonsil and curing up the catarrh you not only add materially to your recompense but also obtain the gratitude and praise of your patient, when by a little extra effort and pains both patient and practitioner are benefited.

As we have ceased to think of the world as a lot of independent and separate states and have come to see that these various states are all interdependent one upon another, so also stop thinking of diseases as pathological entities and think of them as being interdependent upon each other for their production and continuation.

EVOLUTION OF NURSING.

EARL I. CARR, M.D.,
LANSING, MICH.

Nursing, the most feminine of remunerative vocations, is, indeed, a modern profession. Its development is within eighty years and its greatest progress is within forty. In November, 1882, there appeared in the *Century Magazine* an article entitled, "The New Profession for Women." It dealt with nursing and de-

scribed the Bellevue Training School (New York) then ten years old. As an occupation, nursing is old, but for influences, to be mentioned, opportunity for training did not present until the nineteenth century.

Religion, war and science are three great dominant factors which stand out conspicuously in a review of the evolution of nursing and their influence was greatest in the order named. It was because of motives of piety or on account of a sense of a religious duty that led, during the early centuries, to caring for the sick, most of such efforts being allied with the church in rendering together both bodily and spiritual aid. A consciousness of the need for better care of sick and wounded soldiers later created new impetus for more competent nursing. War had its influence, too, by causing large numbers to become widows and orphans who turned their attention to nursing, giving rise in one instance to the Order of Beguines, "lay sisters, bound by no permanent vows, but simply pledged for the time being to serve the ailing and needy." Within recent years, mostly during the last half century, science has dominated when curricula have been outlined in Hygiene, Anatomy, Physiology, Materia-Medica and Ethics for candidates for this profession and proficiency has been demanded.

In early Greek history reference to nurses who took charge of infants and children may be found often, but that they acted in other capacities there is little said. Monuments were erected to nurses by grateful children. Attention has been called to the utter disregard for hygienic laws and the great dependency upon nature, all effort being directed toward having the sick one continue the usual food and drink and routine of life.

St. Paula, a Roman patrician lady, devoted herself and wealth to the care of the sick. For want of sympathy, she left Rome for Palestine, and at Bethlehem she established in the fourth century a little hospital where the sick poor and sick pilgrims were cared for by herself and those she had gathered about her. Later she built on the road to Jerusalem an hospice for sick pilgrims and a monastery for her master

Saint Jerome. Paula and her women were not cloistered nuns but they lived austere, religious lives. Fabiola is another Roman patrician lady who, in A. D. 380, founded a hospital in Rome for the care of the sick poor. Empress Facilla also visited the sick. From the efforts of these and others and because, during the reign of Honorius, A. D. 395-423, it is stated that six hundred women were engaged in hospitals of Alexandria, all governed by religious orders, it seems evident that there was in the fourth century a movement for organizing nursing.

Further development of nursing came with the establishment of general hospitals which, still continuing the idea of holy work, were named Hotels-Dieu. The first was established at Lyons in 560 A. D. and a hundred years later another was founded at Paris. These differed from the pilgrims hospices and monastic infirmaries but were under the influence of the church. The nursing staff was composed of hospitalieres or nursing sisters, not nuns, whose novitiate was one year. They became an important body and Pope Innocent IV. gave them recognized position and placed them under the Augustine Rule. Hospitalieres pervaded Christendom and for five hundred years were the only organized nursing sisterhood. They were probably the earliest nurses in England, for at the dissolution of the monasteries, the oldest hospital of England, St. Bartholomew's, founded in 1123, had, for its nursing staff, sisters under Augustine Rule. Other sisterhoods sprang up as Grey Sisters, and Sisters of St. Elizabeth. In the Netherlands the Beguines became a great organization and had a house with six hundred nursing sisters at Ghent.

From 1525 to 1540 occurred the dissolution of the monasteries, and in England shortly after this St. Bartholomew's and St. Thomas', general hospitals, and Bethlem, for lunatics, were given in charge by Henry VIII. to lay governors who employed a matron and hired women for nurses.

In England, nursing was no longer a religious vocation and, being poorly paid, it came to be regarded as menial service and attracted only paupers, drunken and the inefficient. Hos-

pitals were used by the poor and there was no provision for the sick rich. The religious incentive still prevailed in France where more humane care was given the sick than in England, but there was little or no tendency towards progress.

Early in the seventeenth century there was founded in France, by St. Vincent de Paul, an important new organization, who established throughout the civilized world numberless hospitals and homes for the sick and some two thousand homes as centers for its sisters. When the modern nursing movement began in the middle of the nineteenth century there were about twelve thousand Sisters of Charity at work in this organization of St. Vincent de Paul.

John Howard, in his prison work in 1770, found almost no provision for sick criminals. The Castle at York had one small room used as an infirmary. In the famous Hospice of St. Jean de Jerusalem at Malta, Howard found that patients were attended by the raggedest, dirtiest wretches he had ever seen, and that there were only twenty-two of them for five hundred patients.

The French Revolution and Napoleonic Wars filled hospitals with mutilated young men, flowers of their communities, not despised paupers, and this effectively aroused the public conscience. In 1819 the French bureau of administration started the training of soldier's orphans for nurses, but the effort failed on account of the rudimentary training and low wages, which were eight to twelve francs a month.

In 1825 organized training was discussed by English publications as, *Blackwoods*, the *Quarterly*, the *London Medical Gazette* and *Southey's Colloquies*, in which pleas for a better class of persons to care for the poor were made. A house was hired in Liverpool by Mr. Hornby and Adam Hodgson, with a matron placed in charge of women who were sent out as nurses. These women became sought after as monthly nurses for the upper classes and the whole scheme had to be abandoned.

A similar expression, led by Pastor Fliedner

in Germany in the founding of the Kaiserswerth system, an order of nursing protestant deaconesses, had a far reaching and lasting influence. The Kaiserswerth Deaconess Institution, originally a shelter for homeless women discharged from prison, was started in 1836 as a hospital and training school. England owes much to it. Florence Nightingale acquired her practical knowledge there. Probably Kaiserswerth should be credited with being the first of the modern training schools for nurses.

The starting of Institutions for Nursing deaconesses on the continent at Strassberg, Utrecht, Berlin, Breslau, Konigsberg and the founding of the Society of Friends in Philadelphia in 1838, the Institution of Nursing Sisters in London in 1840, the opening of St. John's House by the church of England in 1848, are some of the other landmarks of activities and progress during the first half of the nineteenth century.

A work and example which conspicuously influenced modern nursing is that of Florence Nightingale. She was born in 1820 in Florence, while her parents were sojourning on the continent. She was reared according to the best traditions and was educated far in advance of her time. In 1849 she entered Kaiserswerth. In 1854, through a strange coincidence of being invited and of her volunteering, she started the Crimean War Hospital organization with the aid of thirty-eight nurses obtained with difficulty. Her reform of field hospitals, which up to her time had improved but little since they were first established by Queen Isabella at the siege of Granada, made her famous over the civilized world. In recognition of this national service the British public raised money by subscription for the erection of a hospital, but at her suggestion the Nightingale Fund School was founded instead. This was in 1860 and was the beginning of the hospital school system in England.

America had not advanced farther, for in the *Journal of Congress*, October 9, 1776, there appears a resolution "that the wages of nurses be augmented to a dollar a week" and during the Civil War, nursing was left to Sisters of Charity, convalescent patients and untrained

women. Kaiserswerth's great influence extended to America for when Dr. Susan Dimock returned from Germany to take charge of the New England Hospital for Women and Children in Boston, she inaugurated the principals of that institution in a new school for the definite purpose of training young women in general nursing. This was America's first Training School for Nurses and was opened September 1, 1872. The course was for one year.

The Bellevue Training School for Nurses opened in New York in May, 1873, and in the fall of the same year Massachusetts General Hospital opened a school in Boston. Many graduates from these schools became superintendents of the new schools which quickly sprang up throughout the country.

Nursing Societies have been formed and have done much toward the elevation and advancement of the profession. To science is given much credit for progress. In 1901 the Associated Alumnae of Trained Nurses had a membership of four thousand and the Society of Superintendents of Training Schools for Nurses in the United States and Canada had one hundred twenty-four members.

Today there are three national organizations for nurses; the American Nurses Association to which every trained nurse in good standing supposedly belongs, the National League of Nursing Education, with a membership of about five hundred, and the National Public Health Association, composed not only of nurses but of hospital officials as well.

There are two national journals for nurses. The "*American Nurses Journal*" is edited and managed in every way by nurses and is the official organ of the American Nurses Association. "*Trained Nurses*" is edited by lay people, although nurses are included in the managing organization.

Legislation has provided for State Boards of Registration in nursing, who prescribe requirements, study and experience for candidates, and proof of knowledge by written examination in each of the several sciences.

128 West Allegan St.

TRANSACTIONS

OF THE

Clinical Society of the University of Michigan

Stated Meeting, February 6, 1918

The President, JAMES G. VAN ZWALUWENBURG, M.D., in the Chair
Reported by REUBEN PETERSON, M.D., Secretary

REPORT OF A CASE OF CICATRICIAL ECTROPION CORRECTED BY PLASTIC OPERATION.

GEORGE SLOCUM, M.D.

(From the Ophthalmic Clinic, University Hospital, Ann Arbor, Michigan).

H. H., aged 35, entered the Clinic of Ophthalmic Surgery of the University Hospital December 4, 1917. The lower eyelid and face below the outer angle of the eye were burned when ten years of age,

Examination.—Marked cicatricial contraction of the lower lid O. D., the deformity so great that the eye lashes touched the cheek, the outer half of the lid showing the greater deformity. There was a marked hypertrophic conjunctivitis, the exposed mucous surface presenting a marked convexity forward, a condition which nearly always follows prolonged exposure of the palpebral conjunctiva.

December 6, 1917. Plastic operation. Incision along the lower lid border about 2mm. from the

removed from the temple turned down and sutured in position filling the gap caused by the restoration of the lid to a normal position, no tension on the flap being permitted. The denuded area was covered by undermining the adjacent skin and suturing.

Figure 1 represents the position of the flap taken

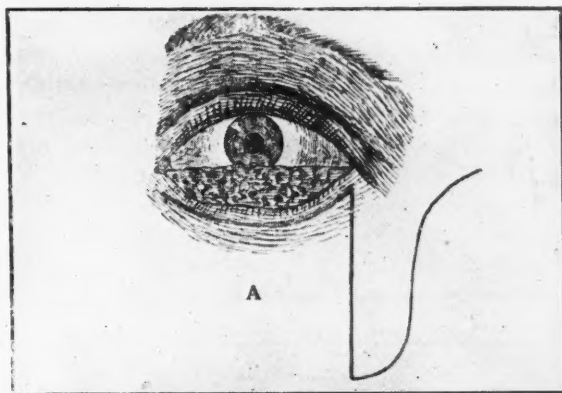


Fig. 2. Von Lagenbeck's operation for ectropion. A. Incision. Ball's Ophthalmology.

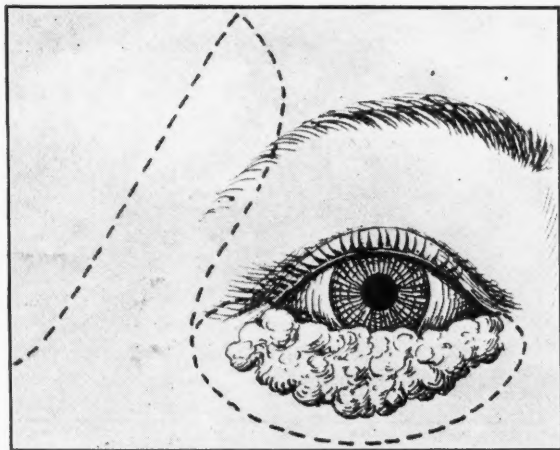


Fig. 1. Position of flap in this case. Blasius operation. (After Beard).

eye lashes extending to just below the puncta lacrymalis, dissection carried up toward the orbital margin, freeing the lid to septum orbital until it could be restored to its normal position. Blasius flap



Fig. 3. Von Lagenbeck's operation for ectropion. B. After suturing.

as in the Blasius operation from the temple near the eyebrow. Figure 2 represents the incision along the eyelid border after Von Lagenbeck, freeing the lid border from the cheek so that it could be re-

stored to its normal position. Figure 3 represents the appearance of the flap in position in the Von Lagenbeck operation in which the flap is taken from the cheek. The operation performed in this case is a combination of the Blasius and Von Lagenbeck operations. From this operation a partial restoration of the lid was obtained, but owing to too great laxity of the lid border and the hypertrophic conjunctivitis, the deformity was changed from a

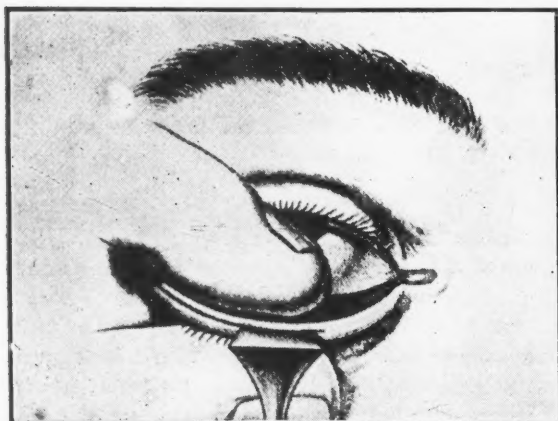


FIGURE 4.

cicatricial ectropion with marked stretching and displacement of the whole lower lid to a flaccid ectropion with hypertrophic conjunctivitis.

After the flap had entirely healed the hypertrophic conjunctiva was reduced by treatment with alum pencil. When palliative methods fail in hypertrophic conjunctivitis the hypertrophy may be reduced under cocaine anesthesia by the Ziegler cautery operation which consists in making a series

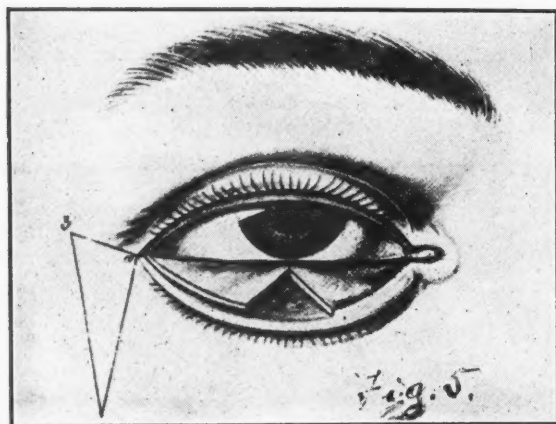


FIGURE 5.

of cautery punctures in the hypertrophic conjunctiva paralleling the lid border about 3 mm. from the sharp inner margin.

Second Operation.—In this case the remaining flaccid ectropion with the hypertrophic conjunctivitis one-half to two-thirds reduced, was corrected by means of the Kuhnt-Szymanowski operation. The technic of this operation may be outlined as follows: The eyelid is split along the intermarginal line from

near the center of the lid to the outer canthus. Next, the skin is divided from the outer canthus outward and well upward ten to fifteen millimeters; from the outer extremity of this incision a second incision is continued downward about fifteen mil-

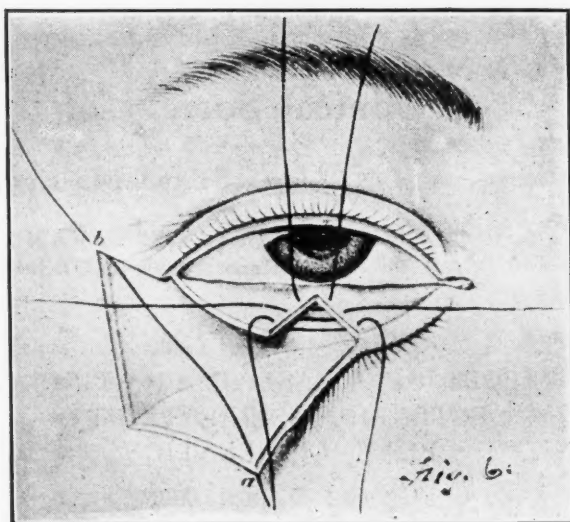


FIGURE 6.

limeters, the trend of the incision being mesialward until nearly below the outer canthus where it turns at an acute angle up to the outer canthus. The wedge shape piece of skin thus outlined is removed; the skin of the lower lid is now dissected downward until the outer angle of the undermined skin can be carried outward and upward far enough to cover the denuded area. A wedge shaped piece of mucous membrane is next removed from the mesial portion of the conjunctivo-tarsal flap. Sutures are introduced in the borders of this wedge shaped area so that they may be tied on the conjunctival surface. The skin flap is next sutured in place filling the

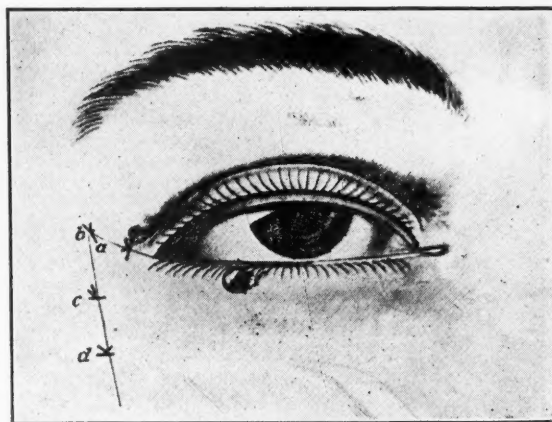


Fig. 7. Kuhnt-Szymanowski operation. Appearance after the operation. The lower lid lies in its proper position; 4 (ab., c., d., e.) sutures suffice for the fixation of the flap. The suture for the fixation of the skin to the tarsus is tied over a bead (f).

denuded area beyond the outer canthus: a through and through suture holds the conjunctival and skin flaps in coaptation and prevents separation by clots

or exudate. Border sutures may unite the skin and mucous borders of the lids when it seems advisable, provided they are not allowed to remain longer than forty-eight hours. If they remain much longer they are liable to cut and produce fissuring of the lid border. Figures 4, 5, 6 and 7 taken from Meller's Ophthalmic Surgery, show the steps of the operation.

The photographs below show the condition before each operation and the final result.



Fig. 8. Before first operation and after second operation.

DISCUSSION.

DR. ROBERT H. BAKER: I would like to ask Dr. Slocum what suture material was used on the conjunctival surface.

DR. SLOCUM: No. 1 silk.

DR. BAKER: How do you control the irritation against the eyeball?

DR. SLOCUM: There is very little irritation if small sutures are used.

DR. PEET: Do you use vaseline on your sutures?

DR. SLOCUM: No. I can see no objection to its use, however; the mucous secretion covers the sutures very quickly and the patient is not usually annoyed by their presence.

I might explain why we did not use a skin graft. The Tiersch graft is so thin that it gives but little support. They are, therefore, most successful when support is not needed, particularly in the upper lid. In this case we not only had a deformity to correct, but in addition a tendency of the lid to drop down from the greatly increased weight; the orbicularis muscle was to a large degree atrophied and there was marked loss of skin area due to cicatricial contraction; it was, therefore, essential that the lid should be supported from below. Because of the increased length of the lid and the stretching of the outer canthus, the second operation was necessary

in order to hold the lid against the eyeball. In ordinary ectropion, due to laxity of the tissues and rolling outward of the lid without shortening of the skin below, the second operation would be sufficient.

DR. MAX PEET: This is certainly a beautiful result of a plastic operation. I firmly believe in the use of pedunculated flaps in preference to skin grafts where they can be used. Skin grafts have a habit of not growing sometimes, and with pedunculated flaps you can have thick flaps. The only way you can get this in a skin graft is to use the Wolfe grafts and they are poor to take. For ordinary skin grafting the Tiersch or Reverdin grafts are about all we have outside of a pedunculated flap such as was used here. And certainly for a condition of this type, using either Tiersch or Reverdin grafts could not give as good a result as has been obtained. The Reverdin graft especially would be useless because you would simply have a mass of small points of skin, some of them growing, and some not, with spotting, the old skin white and the new skin bluish. Some do not like the Reverdin graft and regard it as useless. Personally I think we have cases where it is very useful. However, in eye work it seems to me that pedunculated grafts such as this would give the very best results. I could not ask for a better result than Dr. Slocum has obtained in this case.

REPORT OF A CASE OF AN ENORMOUS POSTOPERATIVE VENTRAL HERNIA.

LESLIE L. BOTTSFORD, M.D.

(From the Obstetric and Gynecologic Clinic, University Hospital, Ann Arbor, Michigan).

Small or moderate sized umbilical or ventral hernias are of common occurrence and are usually easily repaired, although at times a large area of skin and fat is necessarily removed.

Enormous ventral hernias, as well as the inguinal, scrotal, femoral and labial varieties, are relatively uncommon and present an entirely different operative problem. Even if operable, they are associated with a very high mortality and morbidity. In the cases of large or massive and below the enormous ones, the estimated death rate has been placed at 6 per cent. (McGannan). However, when strangulation or obstruction, is added, the mortality in massive hernias reaches nearly 50 per cent. Correspondingly we should expect even a higher rate for the enormous type, one of which I wish to present.

In the usual simple hernias postoperative treatment extends over about 18-21 days; in massive hernia, 50 days; and after enormous hernias, from 50-150 days. The causes of

mortality in the enormous hernias have been classified by Hewitt into several groups.

I. Those due to cardiovascular-renal conditions, acute dilatation of the heart, apoplexy, uremia, pulmonary edema, embolism and thrombosis.

II. Postoperative abdominal conditions: obstruction, acute dilatation of the stomach, peritonitis, and suppuration of the abdominal wall.

III. Those due to strangulation: toxemia of obstruction, peritonitis from ruptured and gangrenous bowel and embolism of the mesenteric arteries.

IV. Shock due to loss of blood, anesthetic, exposure or manipulation of the hernial contents.

Of these various dangers, probably the most usual one encountered is acute cardiac failure. In enormous hernias, since the patients carry a considerable portion of the abdominal viscera outside the normal habitat, there is a consequential loss of pressure on the large splanchnic vessels, resulting in their dilatation and associated with compensatory changes in the general circulation, which sustains the blood pressure. In addition, most of these patients have some cardiovascular-renal disease, which also further embarrasses the heart.

When an attempt is made to return the protruded viscera to the abdomen, followed by repair of the hernial opening, a readjustment of the vascular conditions in the abdomen must occur. Before the latter can be effected, the heart must overcome a great increase in its ordinary burden, and if any myocardial degeneration is present, rapid dilatation usually follows.

Again, in returning the viscera to the abdomen, the intraabdominal pressure is necessarily enormously increased, following which jaundice or gastrointestinal hemorrhage, with or without perforation, may ensue, even though the heart temporarily upholds the added burden and withstands the marked engorgement of itself and the lungs.

To these dangers must be added all those previously mentioned, and as a result, it can be readily understood that the operative mortality must be high, even in selected groups of cases.

Barker, in speaking of voluminous hernias, advises rest in bed, limited or restricted diet, and daily attempts to reduce the mass partly or wholly. When these methods fail, he rejects the patient, as unfit for operation. He also

strongly recommends local and spinal anesthesia, in view of the consecutive lung, liver, and kidney troubles.

Rest in bed, blood pressure, pulse readings and phthalein estimations with careful urinary observation for twenty-four hour periods prior to operation are of value. A snugly fitting abdominal binder, which is gradually tightened, while the blood pressure, pulse, and respiration are observed, is sometimes of aid. Preliminary treatment along these lines may be carried on for several weeks preceding operation.

I shall not discuss the various types of operations which have been devised for the cure of these hernias, more than to mention them. The type of operation most suitable must needs be adopted for each individual case. They have been treated by extensive flap formation with layer to layer or overlapping suturing: either alone or combined with no less extensive muscle and flap sliding; or by autoplasmic fascial transplants; or by pedunculated fascial flaps; or by the re-enforcement of such areas by the use of the various wire filigree screens.

In addition to these, we have Haynes' inversion of the hernial sac by interrupted sutures with coaptation and union of the abdominal wall adjacent to the hernial orifice. The sac may or may not be opened for the placing of the first sutures, as seems desirable.

Hewitt in a recent article advises colectomy with subsequent end-to-lateral or end-to-end anastomosis of the ileum and sigmoid, removing in this way a large part of the mass to be returned to the abdomen. Portions of the omentum may be also removed, but the removal of a large mass of omentum may so damage by embolism the circulation of the stomach walls, that ulceration and hemorrhage will follow.

These patients with enormous ventral hernia are usually obese, averaging from 200-300 pounds. The hernias are usually postoperative below the umbilicus, and have existed for some years, operation usually being sought as a last resort to secure relief from intestinal disturbances and the drag, pain, or discomfort of the mass. The sac may be single or multilocular and the hernial orifice varies greatly in size the largest on record as repaired being eight by five inches in its longest and broadest diameters.

In a hasty review of the recent literature, I have been unable to find a case as obese or with as large and complicated a hernial mass as the one I wish to present.

CASE REPORT.

This patient is 49 years of age and presented herself for examination Oct. 26, 1917. Her parents and near relatives have all been very obese, weighing from 225-315 pounds. When seen in the Clinic the patient weight 356 pounds, having gradually increased in weight from 160 pounds since 1900. Her history is entirely unessential except from an operative standpoint and this is based upon her personal statements. In 1904 she underwent a



laparotomy at which time a fibroid tumor of unknown attachment and weighing 39 pounds was removed through a transverse incision below the umbilicus. She was reoperated in 1907 and a second fibroid weighing 40 pounds removed. In 1909 she was delivered by abdominal Cesarean section of a 7½ pound infant and immediately following the Cesarean, a tumor weighing 42 pounds was removed. Both of the latter incisions were above the umbilicus. Three months following the last operation, the patient began to develop a hernial mass in the midline slightly below the umbilicus, which has

gradually increased in size up until the present, now occupying practically the entire abdomen and forming a pendulous mass, which falls nearly to knee level when she is on her feet. The large, distended loops of intestine are clearly seen in the photograph lying just beneath the skin. During these years she has had no trouble except for some tympanites at times following errors in diet, and the inconvenience from the size and location of the mass itself. The bowel movements have been perfectly regular and her appetite voracious. When asked why she sought surgical advice, she volunteered the information that she was tired of carrying the mass around, inasmuch as she had to perform all her own household duties.

Needless to say this is a truly inoperable case from several standpoints: First, from the size of the hernia, for it was impossible to palpate any limits to the hernial orifice; secondly, the intestines were all greatly dilated and apparently tensely adherent to the sac; thirdly, the patient was of the cardiovascular-renal type with a serious hypertension. All three of the factors definitely contraindicated any operative interference. Some years ago surgical aid might perhaps have been rendered.

REFERENCES.

1. Haynes, I. S. "Giant Ventral Hernia." *New York Medical Journal*, 1917, CV, 107-112.
2. Hewitt, W. R. "Enormous Hernia." *Surgery, Gynecology and Obstetrics*, Chicago, 1917, XXIX, 215-221.

DISCUSSION.

DR. CYRENUS G. DARLING: In discussing this paper I want to speak of some of the objections which have been raised, not particularly to this case but in relation to ventral hernia in general. One must not say that any case of ventral hernia is inoperable until he has carefully studied the patient and learned something of the size of the opening, the amount of tissue that has been destroyed, or rendered useless for approximation in the particular case, or knows something about the cardiovascular system and is sure that the cardiovascular condition does not depend upon the method of life of the patient rather than upon a particular disease.

The death rate in ventral hernia has probably been exaggerated because of the lack of preparation before the operation is done. The success of such an operation depends largely upon these two things.

There is one point upon which the doctor touched slightly and that is the choice of an anesthetic. He mentioned the use of spinal anesthesia. Now, the use of ether as an anesthetic may not be proper in these cases and in cases where I had any fear of ether being a contraindication, I have used gas anesthesia. In one case where two operations had been done and both of these torn open by the patient vomiting for a week after an ether anesthetic, I used gas without any disturbance whatever and with a perfect result as far as repair of the hernia was concerned, and I have used gas in several other cases since to avoid the accident of vomiting, or in case there should be any renal disease.

Another complication which may lead to a fatal result is edema of the lungs or pneumonia, which Mayo pointed out years ago in operations for umbilical hernia, as being due to the restricted respiration brought about by bringing the parts together.

This is true in those cases which are repaired by bringing the lateral sides together in the median line rather than transversely. So we find that if we are to be successful in the repair of ventral hernia we must avoid this longitudinal repair as much as possible, depending upon a partial transverse closure even if the general opening is longitudinal.

There is no reason why a person with a great amount of fat cannot lose a great deal of it by rest in bed and diet. This may also have the effect of pressure upon the vessels within corrected to a certain extent if the tumor or pressure is reduced and a properly adjusted binder is applied. The patient in the course of four or five weeks will become accustomed to this pressure. The trouble is that very few of these persons find their hernias sufficiently bad to submit to this treatment. A ventral hernia which has existed for a long time has probably led to atrophy of the abdominal structures and the loss of abdominal compression upon the abdominal contents has allowed the fat to increase and distention to increase, and we must carefully get rid of this distention if we are going to bring about a good result.

The next thing to consider in the operation will be the method of securing sufficient tissue to bring about a good repair. Mention was made of the use of the hernial sac as part of this tissue. Now the hernial sac may be used for this purpose, but in no instance should a hernial sac be so used unless the hernia has been opened and it has been ascertained that there are no adhesions to the sac or to the ring. After you have found all the underlying tissue separated from the sac, there is no reason why you should not employ this for the purpose of building up a wall. The method of forming a transverse approximation should next be considered, as very few of these incisions are made transversely. Nearly all of them are longitudinal, and mostly below the umbilicus. The hernia as it is formed may be a round opening. In approximating this you can usually, by putting stitches in, from above downward, and tying them, bring the lower part nearly to the upper, converting this almost into a transverse incision. The object is to allow more space anteroposteriorly than is possible if you approximate from the other direction. In doing that you will probably bend upon themselves the recti muscles, but while you are shortening them you are bringing them in towards the median line, and I think the success depends upon getting the approach to the transverse coaptation.

The next important point is in maintaining this position. We have used kangaroo tendon, chromicized gut and silver wire. In most of the cases where I have used silver wire I have obtained very good results. Some of the sutures are buried and some are put in on the outside as stay sutures and are allowed to stay for two or three weeks. These act as a support to the wall. They may be placed back through the skin and through the tissues and brought out some distance below. We usually have two of these some distance back on either side and they are then tied around a piece of gauze. These act as regular splints for the support of the tissues during the time of repair and it matters not which way you apply them, ac-

cording as the conditions demand. I have found that by using these supports during the period of formation of tissue or repair, I have been able to maintain it much better than by any other method. Even in cases of suppuration where I have been obliged to work upon infected tissue, I have succeeded in getting results with these supports. So I look upon these silver wire sutures as quite essential in the process of repair.

I think that any type of operation is applicable. I see no reason why, if tissue is wanted, we may not import a fascial flap though I believe that transplanting fascia here is liable to lead you astray in not using tissue at hand. In making a layer dissection you can treat the layers between the superficial fascia as one layer, or you can use them separately. You make your approximation usually with the deep fascia and bring the muscular layer over perhaps using two layers to get a good approximation.

Ventral hernia should be repaired as early as possible after its discovery before it reaches the enormous size shown here. It should never be permitted to go so far before repair has been undertaken unless there is some unusual reason for leaving it. The death rate associated with ventral hernia as given in the text books is misleading. You are told of various accidents which apply to any abdominal operation and they are put up against ventral hernia. You might say that if you had carefully selected cases you could lower this death rate to one per cent. If you were to take a hundred cases such as the one exhibited here and attempt to operate upon them your death rate might be a trifle over 6 per cent. Ventral hernia is no more a dangerous operation so far as the operation itself is concerned, than other forms of hernia of equal size, and if you had all of these other complications which have been mentioned as the cause of the high death rate, you would not care about operating those cases even with ordinary inguinal hernia. If you operate recklessly all cases of hernia as they come along, you will have a 6 per cent. death rate, no doubt. It would be misleading to say that that should occur of itself if you kept in mind the danger of the anesthetic, the method of approximation, the preparation of the patient prior to operation, the care in approximating the tissues without including in your sutures any of the gut or omentum, and if you don't leave spaces between your sutures where a piece of gut may get in and form an obstruction. All depends upon the care with which you do the operation.

SYPHILITIC PARALYSIS OF THE FIFTH CRANIAL NERVE.

CARL D. CAMP, M.D.

(From the Neurologic Clinic, University Hospital, Ann Arbor, Michigan).

Isolated paralysis of one of the cranial nerves as a manifestation of syphilitic infection is not infrequent in the cases of the third and sixth nerves and in fact, in the case of the former, is so frequent as to justify the statement of Fournier that "paralysis of the third nerve is

the sign manual of syphilis." There are a few other causes of third nerve palsy. In the case of the sixth nerve the number of cases is even greater but owing to the fact that there are so many other causes of sixth nerve palsy it is not diagnostic of syphilis. The fourth cranial nerve can also be paralysed in syphilis but the recognition of the condition is not so easy as in the case of the first two mentioned.

The other cranial nerves seem to be much less frequently affected although a slight disturbance in the function of the eighth, a shortening of bone conduction, is common. Facial, or seventh nerve palsy, is much more frequently due to syphilis than is supposed and I have seen six cases of it in the past two years. It usually occurs in the early stages of the infection and is transient.

Fifth nerve palsy due to syphilis seems not to be well known, though there are a number of references to its occurrence in the literature. As in the case of the other cranial nerves there seems to be two distinct types of involvement; the first occurs soon after an infection and is usually isolated and transient, yielding readily to treatment; the second occurs late in the disease, is usually accompanied by other paralysis and is resistant to treatment. This second type is the kind reported as occurring in association with tabes. In 1905 I called attention to the implication of the fifth nerve in cases of tabes examined pathologically (*Univ. of Penna., Med. Bull.*, Jan., 1905) and said "The involvement of the fifth nerve is not very uncommon in tabes. Spiller has seen a degeneration of the fifth nerves in at least four or five cases studied pathologically. Most authors refer to the painless dropping out of the teeth in this connection. According to v. Leyden and Goldscheider the first cases were reported by L'Abbe (1868) and by Dolbean (1869). The falling out of the teeth is followed by the atrophy of the alveolar processes of both the upper and the lower jaws. Necroses of the jaw may occur and sequestra form. The process is at first painless, but infection usually occurs later. Sensory disturbances in the distribution of the fifth nerve may or may not be present. The most frequent pathologic finding is a degeneration of the descending spinal root of the fifth nerve." At the same time I reported a case of tabes in which one of the symptoms was recurring attacks of herpes zoster in the distribution of the fifth nerve and this was followed by painless falling out of the teeth.

In 1910, Dr. William G. Spiller and myself

reported a case of syphilitic paralysis of the trigeminal nerve (*Amer. Jour. of the Medical Sciences*, March, 1910) which had been studied clinically by Dr. Spiller five years before and which we together studied pathologically. Section of the roots of the right fifth nerve showed much degeneration when stained by the Weigert method. In this case there was also a right hemiplegia due to recent softening in the temporal lobe. Similar cases have been recorded by Oppenheim, Brasch and by Pick. The last two also found the nerve degenerated and a degeneration of the spinal nerve root. The trouble is usually unilateral, but bilateral involvement has been reported by Leudet and Labarriere and by Hutchinson. The sensory division is much more frequently affected than the motor though cases with distinct palsy of the muscles of mastication have been reported by Ziemsson, Lowenfield and Oppenheim.

It will be noticed that the cases cited above occurred in the later stages of the disease and that the palsy was more or less permanent. As in the case of facial palsy, however, the palsy can occur in the early stage and is then transient but these cases are rare, much more so than the facial and, when they occur, usually affect the sensory division and give rise to neuralgic pains so that these cases are, in effect, cases of trifacial neuralgia. The pathologic change is probably a basal meningitis of moderate severity as is the case in the early facial palsies.

The case that I wish to report is one of fifth nerve palsy occurring in the early stage of syphilis which began with pain in the face; later he developed the anesthesia and palsy characteristic of the degenerative change in the nerve. He improved rapidly under antisyphilitic treatment.

Mr. L. H., age 39 years, was admitted to the University Hospital Jan. 21, 1918, complaining that the right side of his face felt "dead." His family and previous medical history were not important in this connection except that he said that he had been infected with syphilis about four months before. About five weeks before he was admitted to the Hospital he began having a pain in the right cheek which at first was thought to be due to a tooth, but soon afterward the pain spread to the right side of the head and to the nose and eye. An X-ray, he says, showed no trouble in the teeth and as the pain was severe a physician treated his antrum, but was unable to find any pathologic condition there.

He says that shortly after this treatment he developed a numb feeling in the entire right side of the face and the right side of the head and it was that way up to the time of his admission although

the pain had subsided. He had no other complaints.

Examination showed that he was well nourished and he seemed to be mentally normal. There were some enlarged glands in the postcervical region. His pupils were equal but they did not react to light. They reacted well in accommodation. The extraocular movements were normal. There was no facial palsy, he could wrinkle the forehead, close the eyes and draw back both corners of the mouth equally well. He was anesthetic to touch and pinprick in an area corresponding to the distribution of the right fifth nerve. The jaw on opening deviated to the right, but the tongue protruded in the midline of the jaw. The right masseter and temporal muscles could not be felt to contract in the act of biting, though the muscles on the other side contracted strongly. The right cornea was anesthetic. There was no deafness, and no difficulty in speech or deglutition. His tendon reflexes were all normal and there was no sensory loss over the body or extremities.

The ophthalmoscopic examination showed a marked neuroretinitis in the right eye of a rather acute type, the left fundus was somewhat congested, but otherwise normal.

The cerebrospinal fluid showed 79 cells to the cmm. The carbolic test was negative. The Nonne-Apelt phase one was positive, phase two negative. Reducing substance was normal. The gold sol and the mastic reaction gave the curve for cerebrospinal syphilis (122321000). The Wassermann reaction on the cerebrospinal fluid was 4 plus. The Wassermann reaction on the blood was also 4 plus.

The patient was placed on treatment January 22 consisting of daily intramuscular injections of mercury succinimide. On January 20 he said that his face was not so numb and the area of anesthesia was found to be diminished in size. On February 4 he was completely reexamined and the area of

anesthesia was found to be still further diminished. The distribution of the third division and the auriculotemporal branch showed no sensory change. The evidence of motor palsy was the same as before.

The patient continued to take treatment until February 9. At this time the anesthesia of the face had almost completely disappeared and the right masseter muscle would contract, although it was weaker than the left.

DISCUSSION.

DR. MAX PEET: This is especially interesting to me naturally because the man first had the symptoms of trifacial neuralgia followed by anesthesia. Some of these cases certainly have pain in the face for many months or many years due to syphilis and come in for operative relief. All of our patients so far that we have operated upon have had negative Wassermanns fortunately, but the possibility must always be considered. It seems to me extremely interesting that we have acute inflammation of the fifth nerve giving the acute pain of trifacial neuralgia followed so rapidly by degenerative changes. I was impressed with the drawing showing such a complete distribution of anesthesia, more than in any of the cases in which we have cut the sensory root. All of those cases have shown diminished sensation over the pinna of the ear but not complete anesthesia, so the man has really a greater anesthesia than we often get by cutting the sensory root.

DR. CAMP: With reference to the sensory distribution of the fifth, it is, of course, a rather variable factor. In cases where the gasserian ganglion has been extirpated, sometimes the ear is completely anesthetic including the pinna, sometimes the area of anesthesia comes through the ear, and sometimes the ear escapes entirely.

Shotgun Nostrums.—As the soldier of to-day uses a rifle instead of a blunderbuss, so the modern physician uses single drugs rather than shotgun mixtures. There are many types of "shotgun" nostrums. Some are dangerous, as in the case of "Bromidia;" some are preposterous therapeutic monstrosities which excite the contempt of educated physicians, as in the case of "Tongaline;" some are merely useless mixtures of well known drugs sold under grotesquely exaggerated claims, as in the case of "Peacock's Bromides." It is impossible to determine from the published formulas just how much hydrated chloral and potassium bromide Bromidia contains, but it is probable that there are about fifteen grains of each of these two drugs to the fluidrachm and variable amounts of Indian cannabis and a small amount of either extract or tincture of hyoscyamus. Bromidia is a distinctly dangerous mixture for indiscriminate use, particularly so if the advertising creates the impression that in it the chloral hydrate has been deprived of its untoward effects. Tongaline is said to consist of tonga, cimicifuga racemosa, sodium salicylate, colchicum and pilocarpin. This jumble of drugs would be merely ludicrous, if anything that degrades therapeutics could be considered so lightly. Peacock's

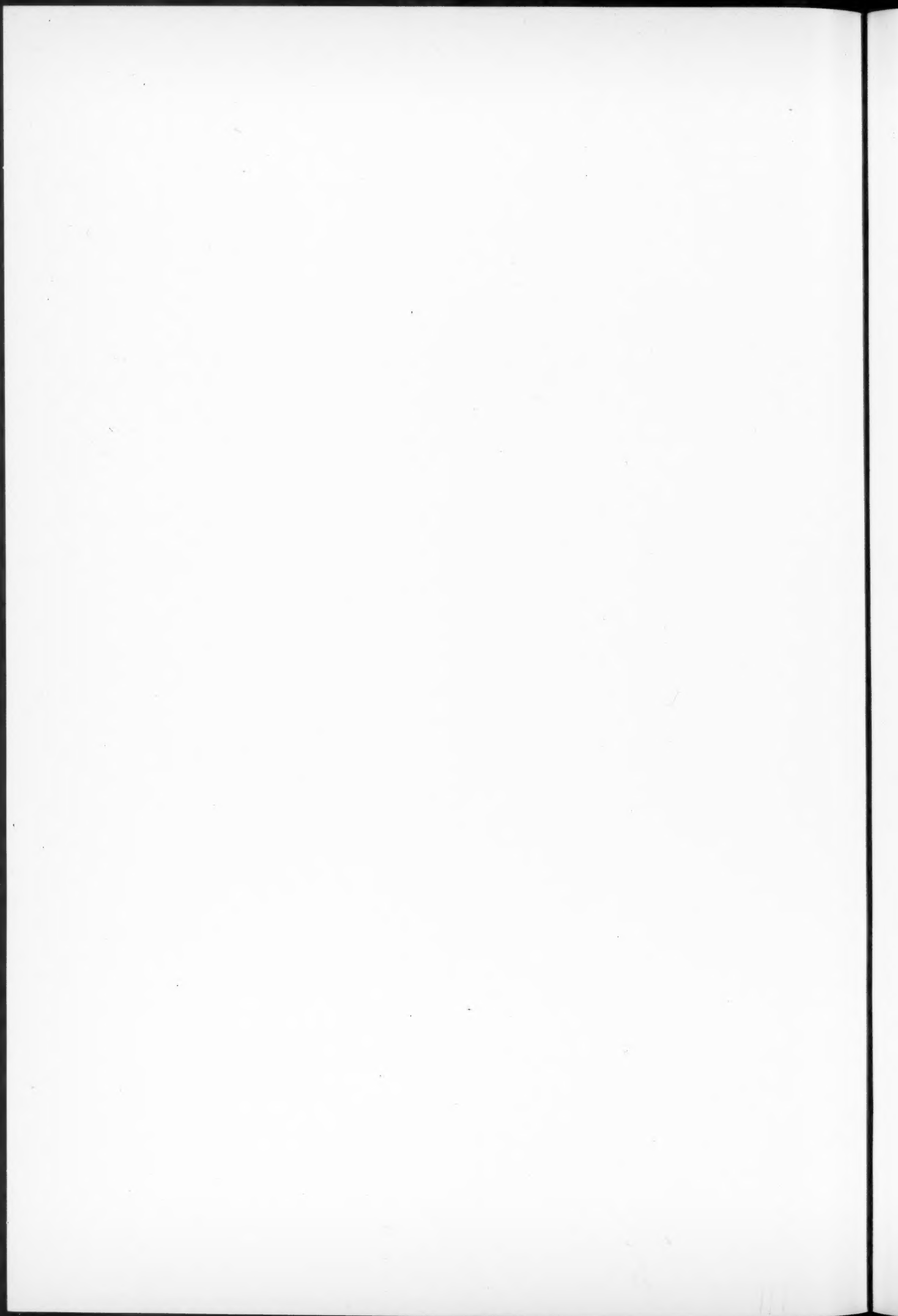
Bromides is said to consist of the bromides of sodium, potassium, ammonium, calcium and lithium. The exploiters claim superiority over extemporaneously prepared mixtures because of the absence of contaminating chlorids said to be present in commercial bromids. The truth is that the chlorids are used as antidotes in bromid poisoning. Bromidia, Tongaline and Peacock's Bromides have been the subject of reports of the Council on Pharmacy and Chemistry (*Jour. A.M.A.*, March 2, 1918, p. 642).

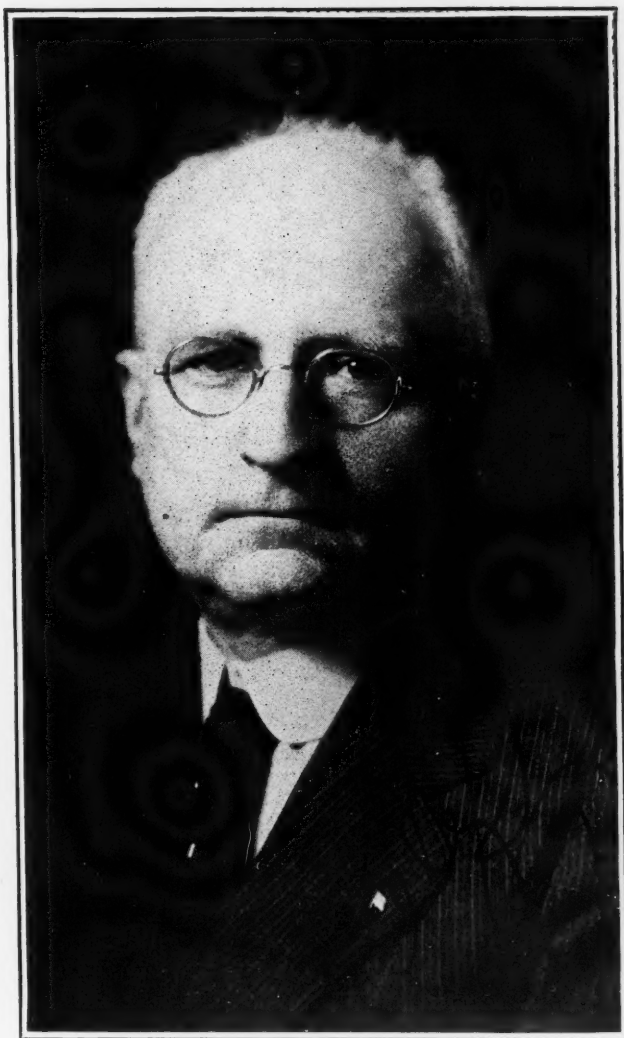
Barbital (Veronal) Classed as a Poison by England.—Because of frequent reports of accidents and habit formation, the Privy Council of Great Britain has classified as poisons "diethylbarbituric acid, and other alkyl, aryl, or metallic derivatives of barbituric acid, whether described as veronal, proponal, medinal, or by any other trade name, mark or designation; and all poisonous urethanes and ureides." As a result veronal will seldom be dispensed except on a physician's order, and that a record of such sales will be kept in the pharmacist's poison book. (The official name for diethyl-barbituric acid of the British Pharmacopoeia is barbitone in the United States the official designation for this product is barbital). (*Jour. A.M.A.*, March 30, 1918, p. 953).

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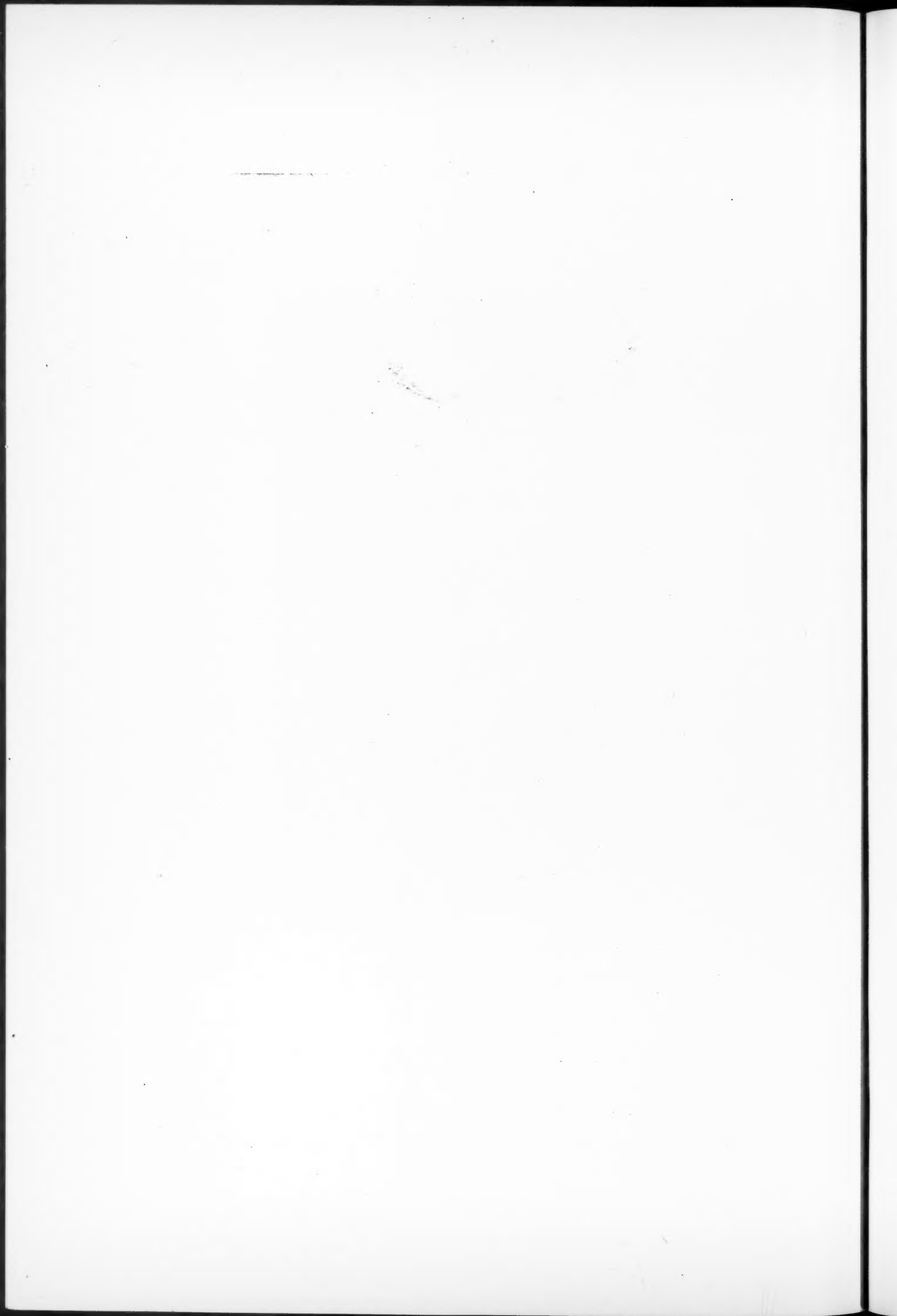
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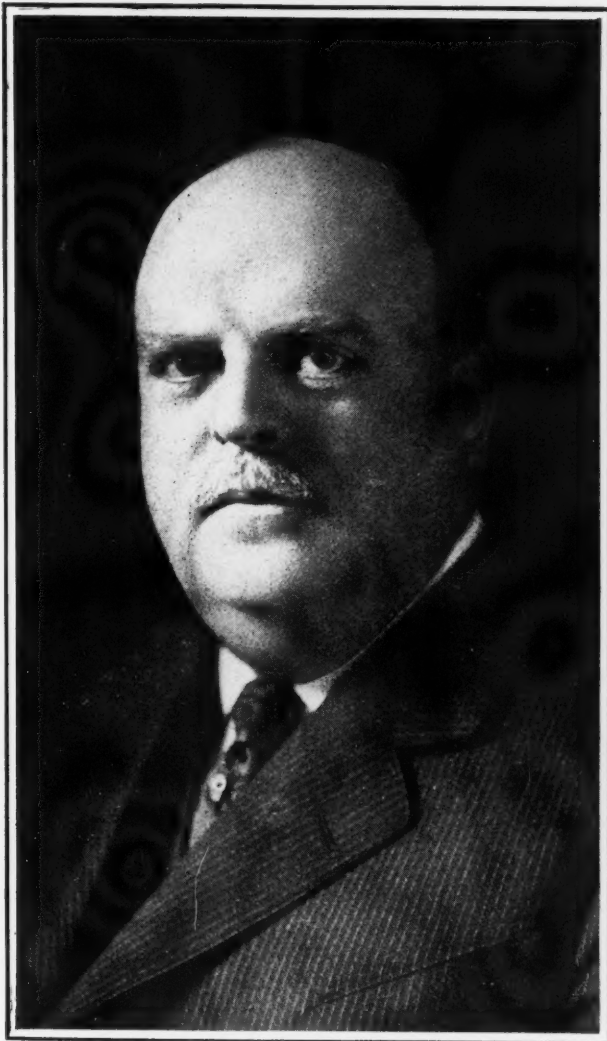
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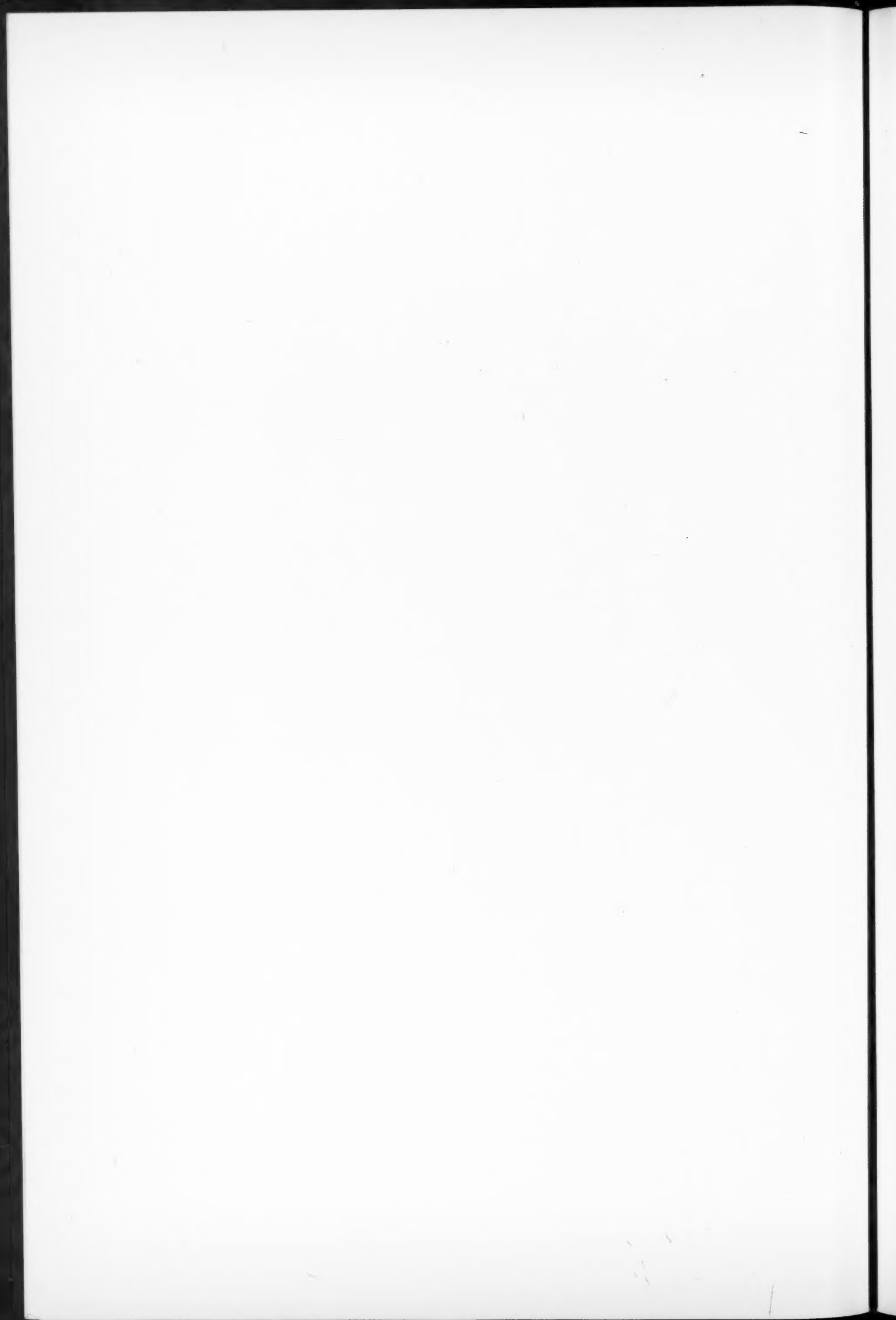


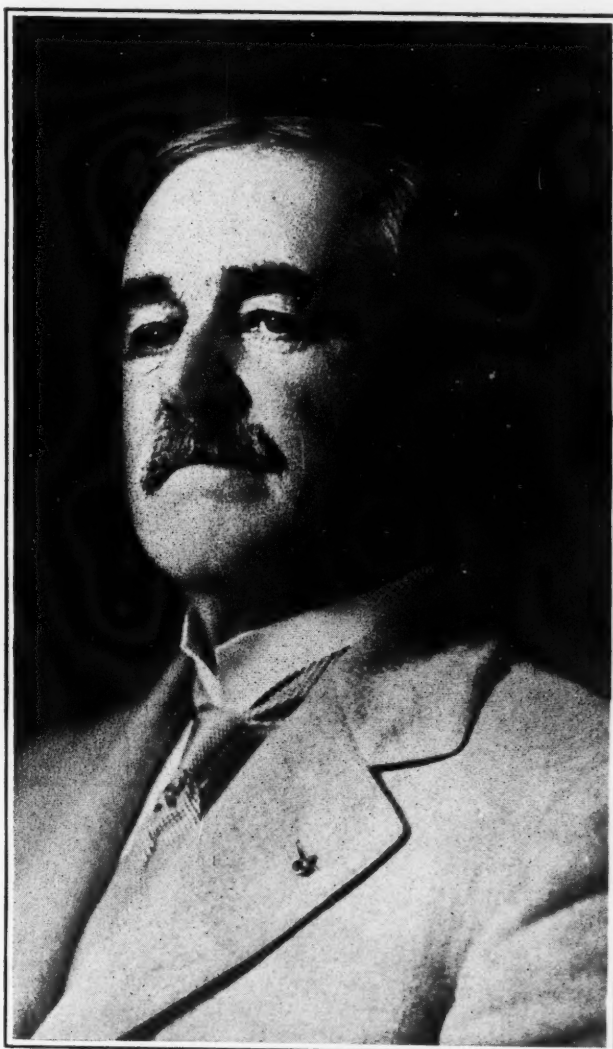
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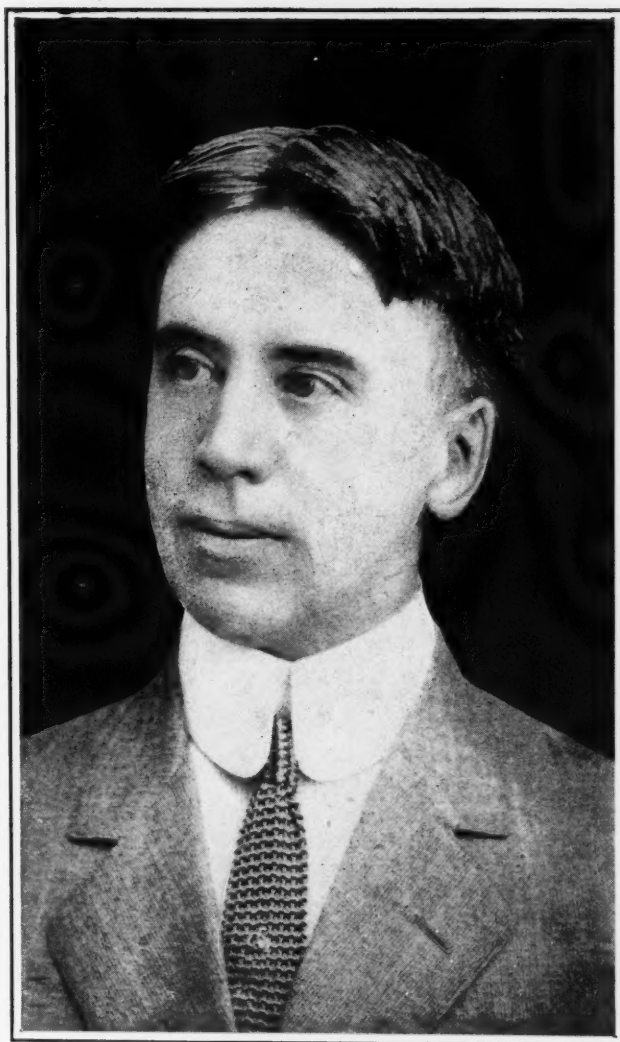


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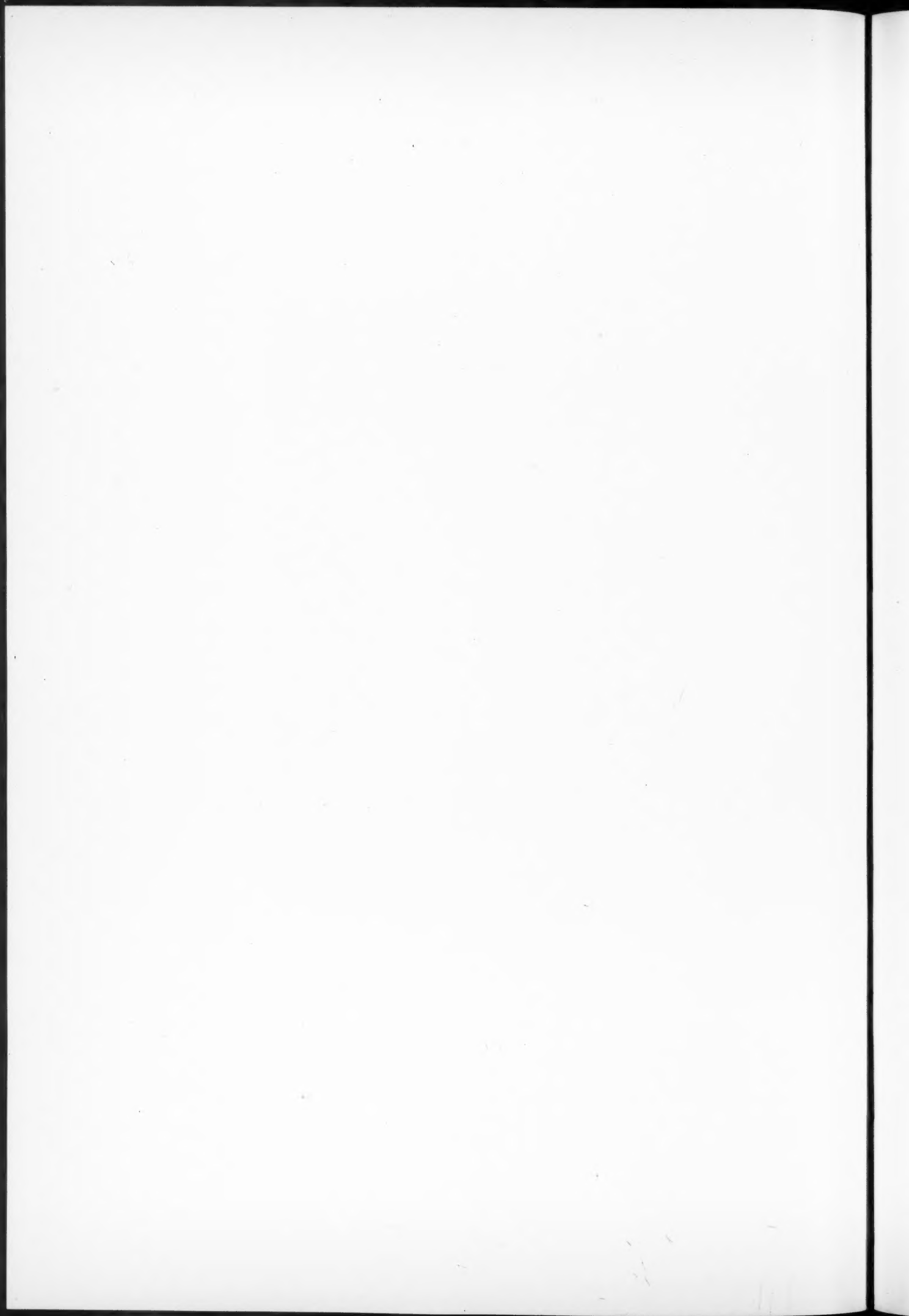


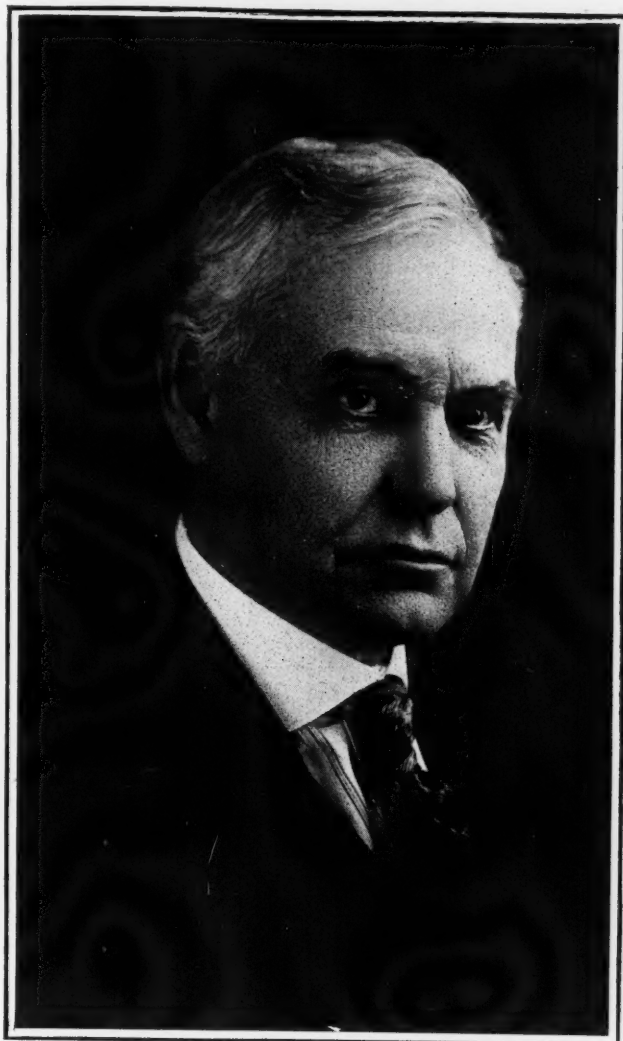


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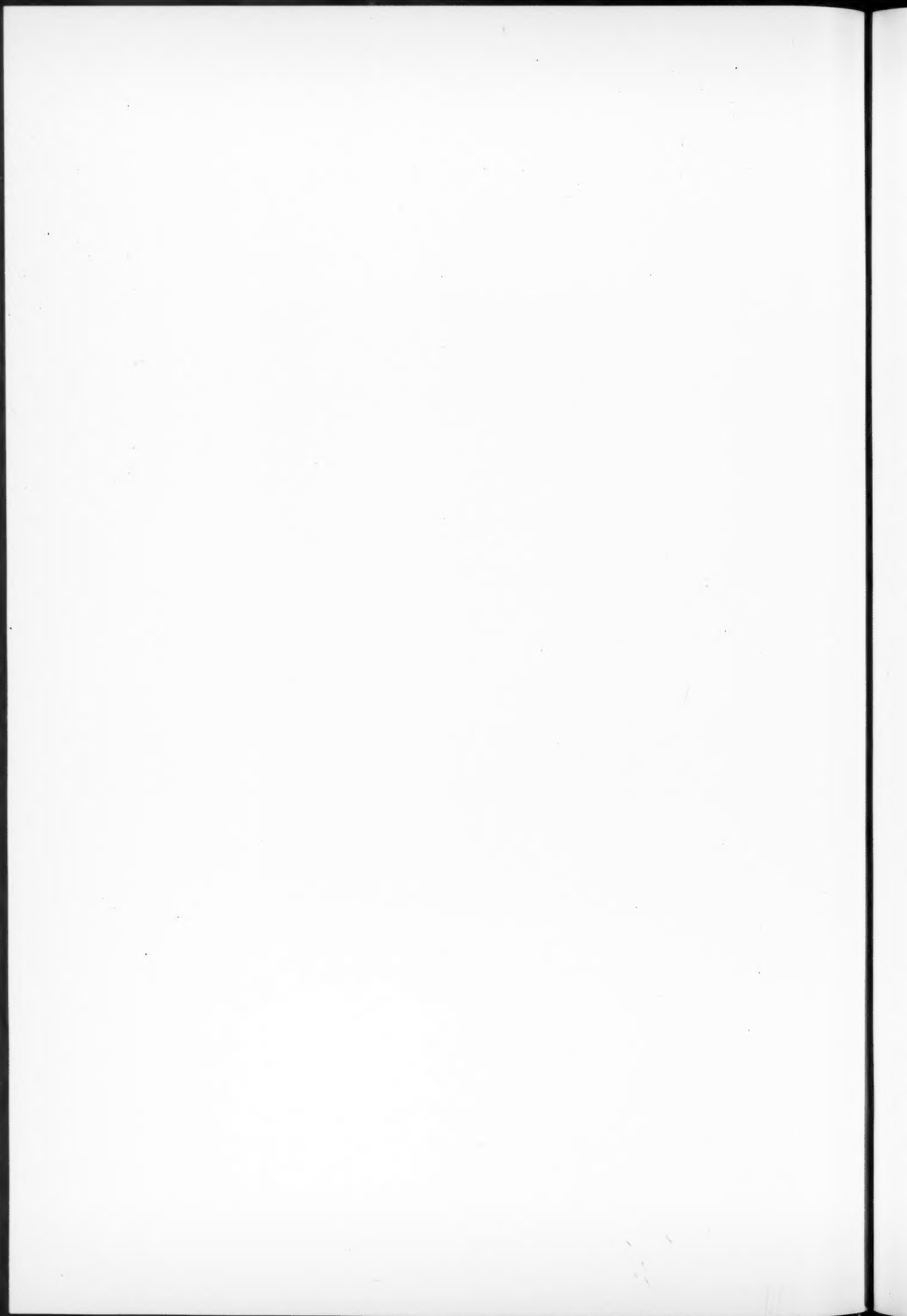


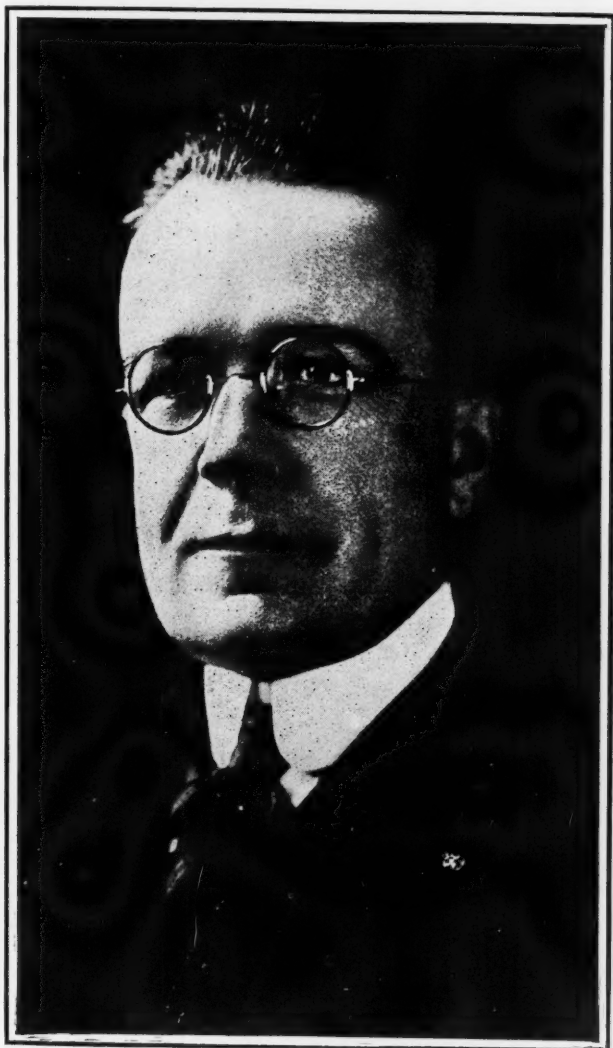
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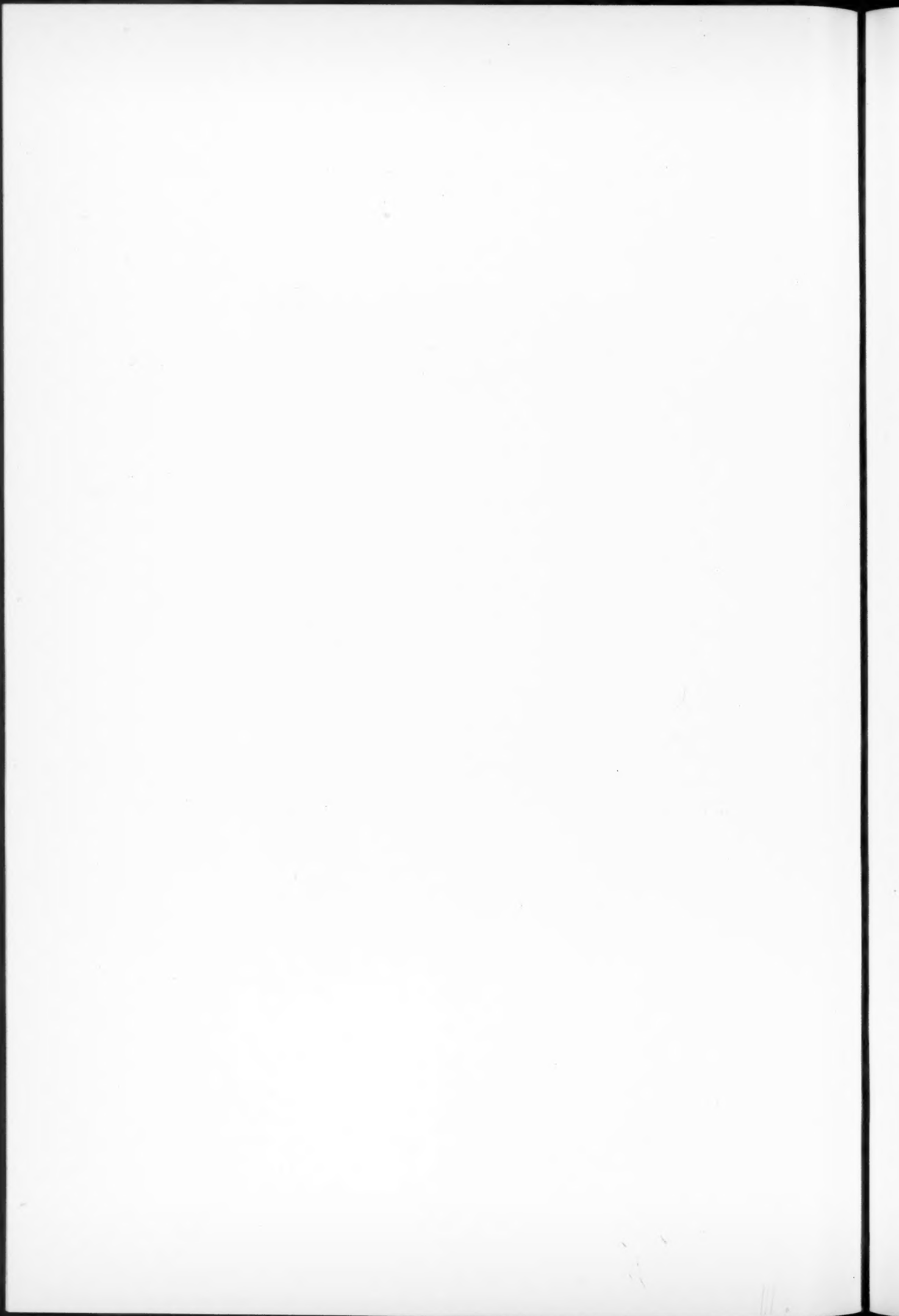


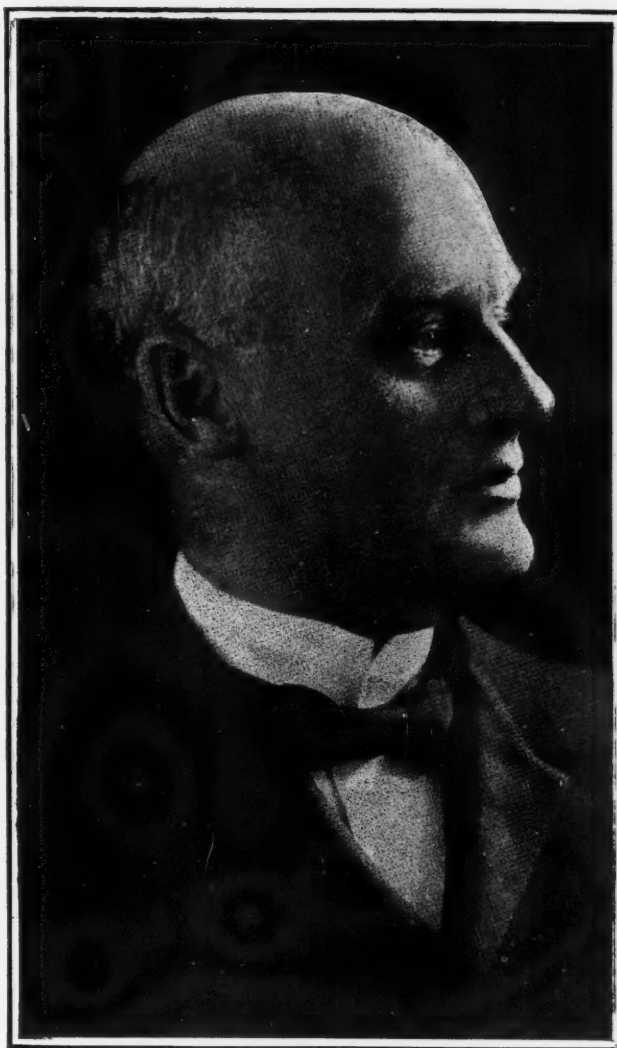
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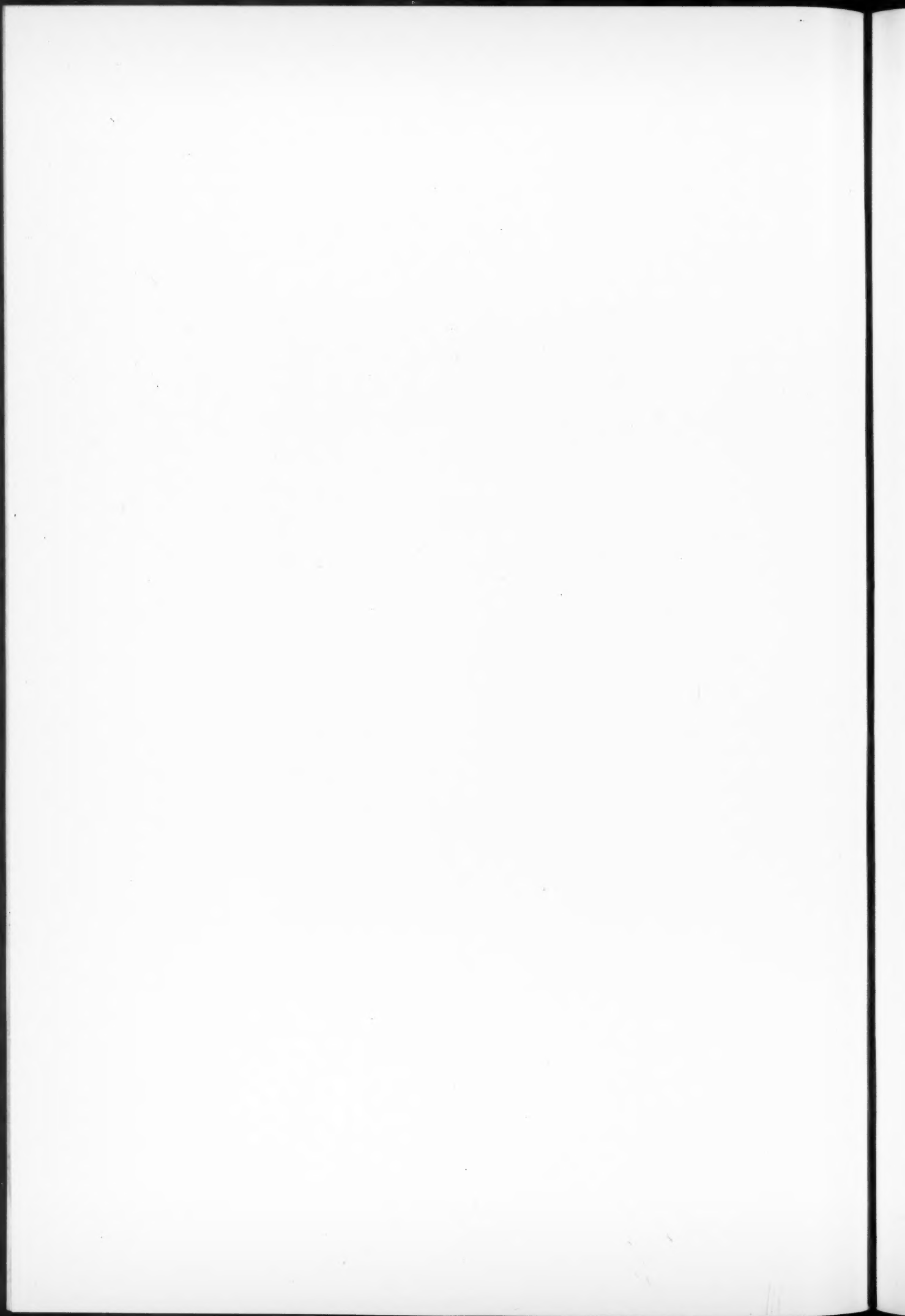


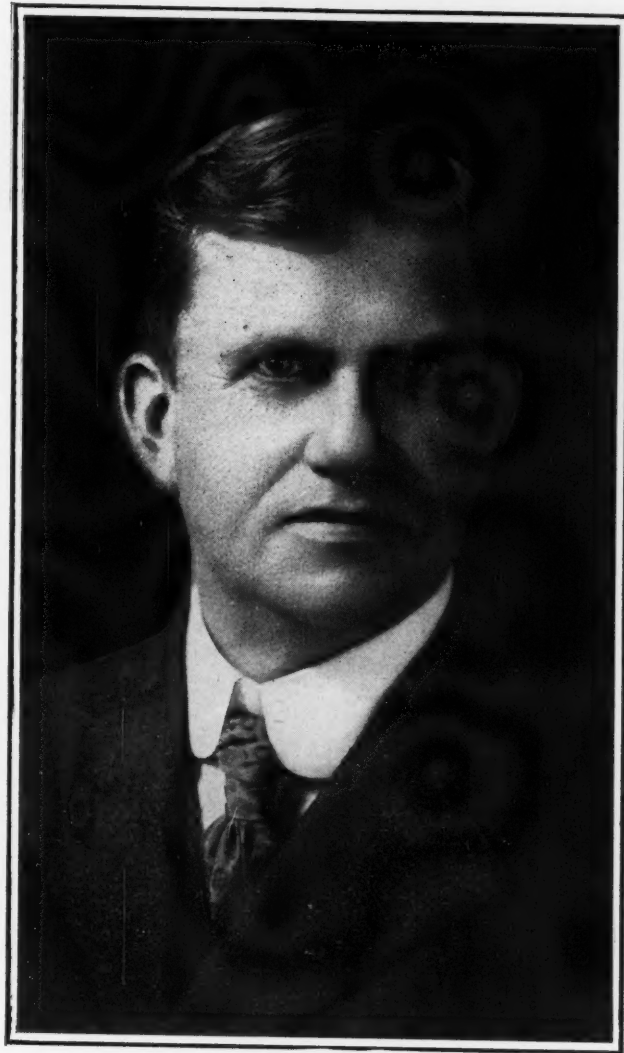


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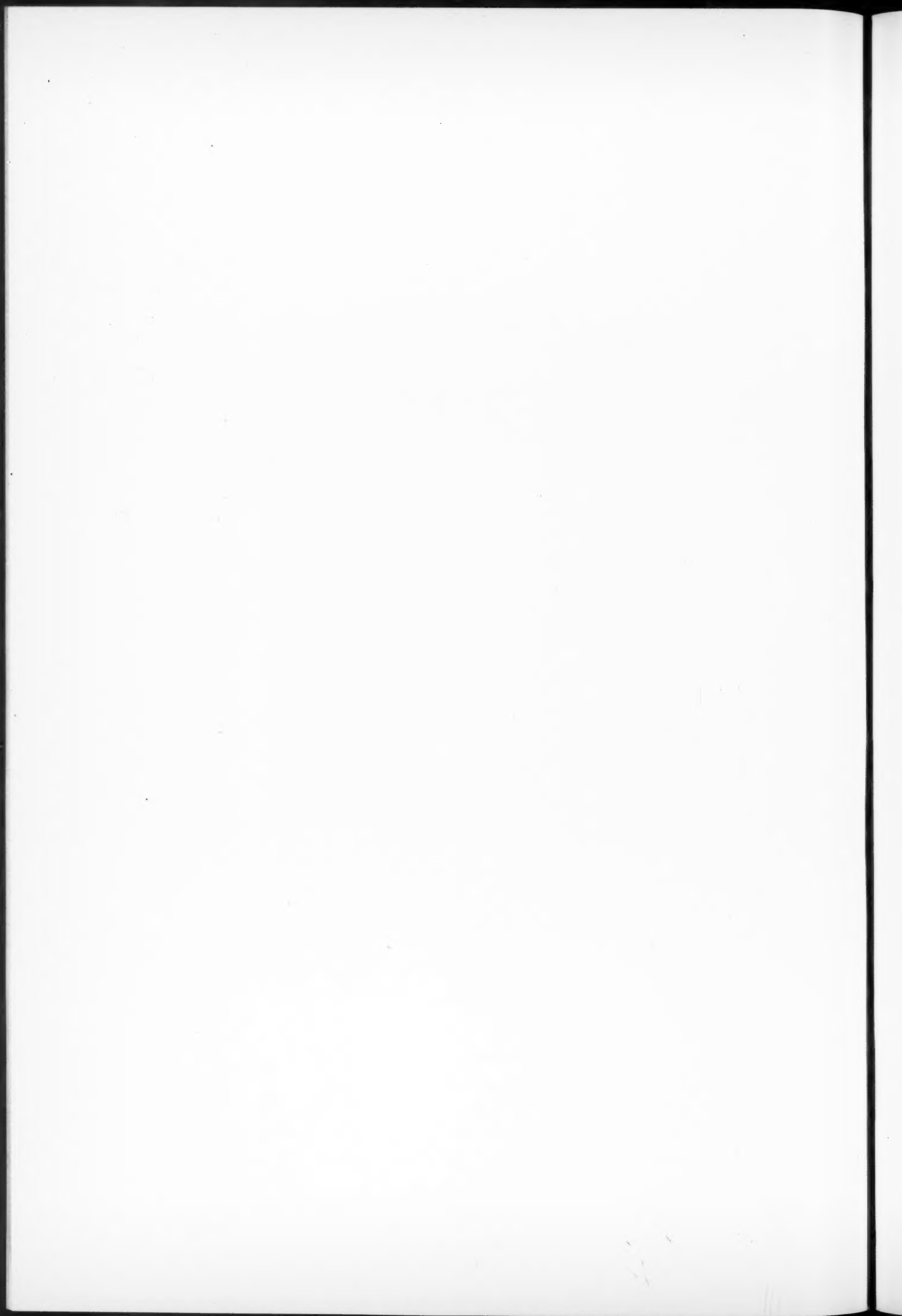


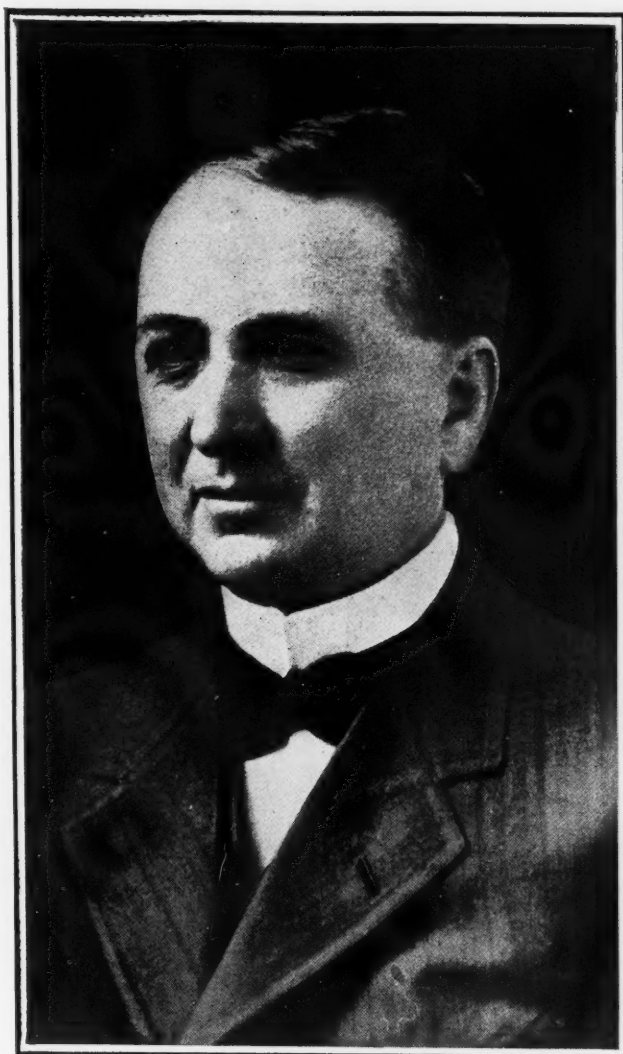
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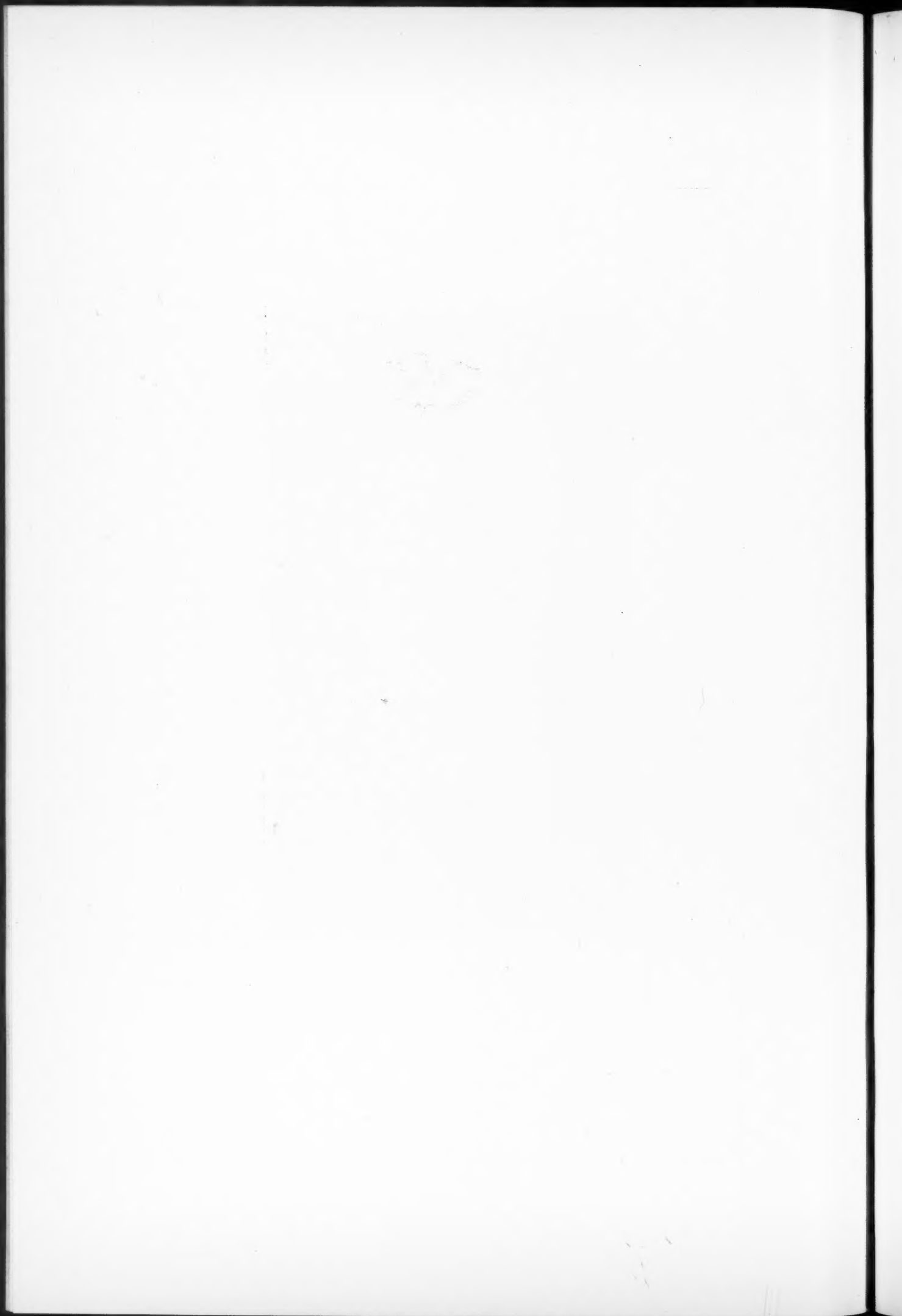
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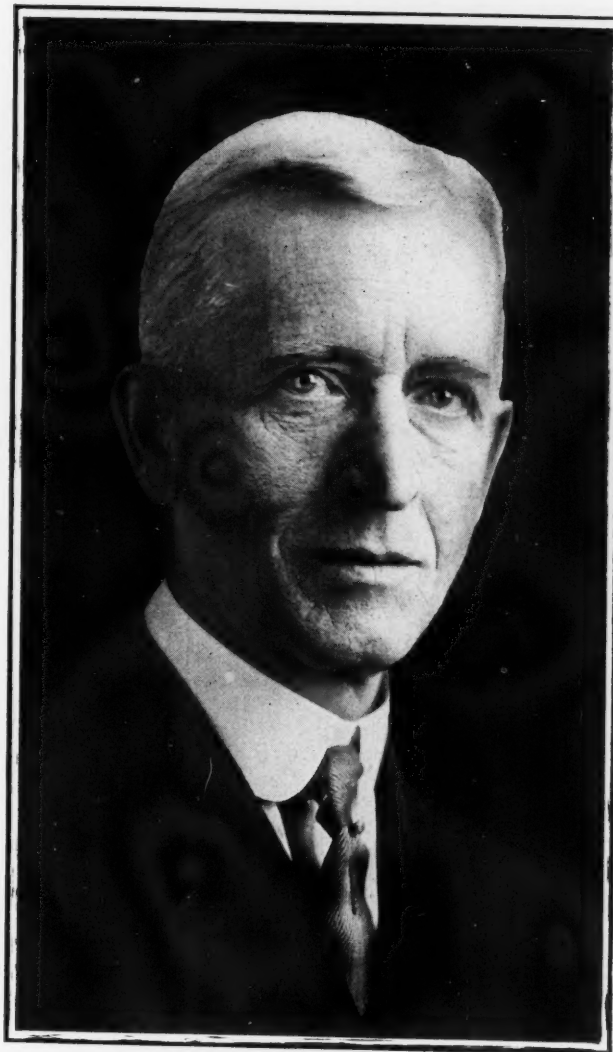




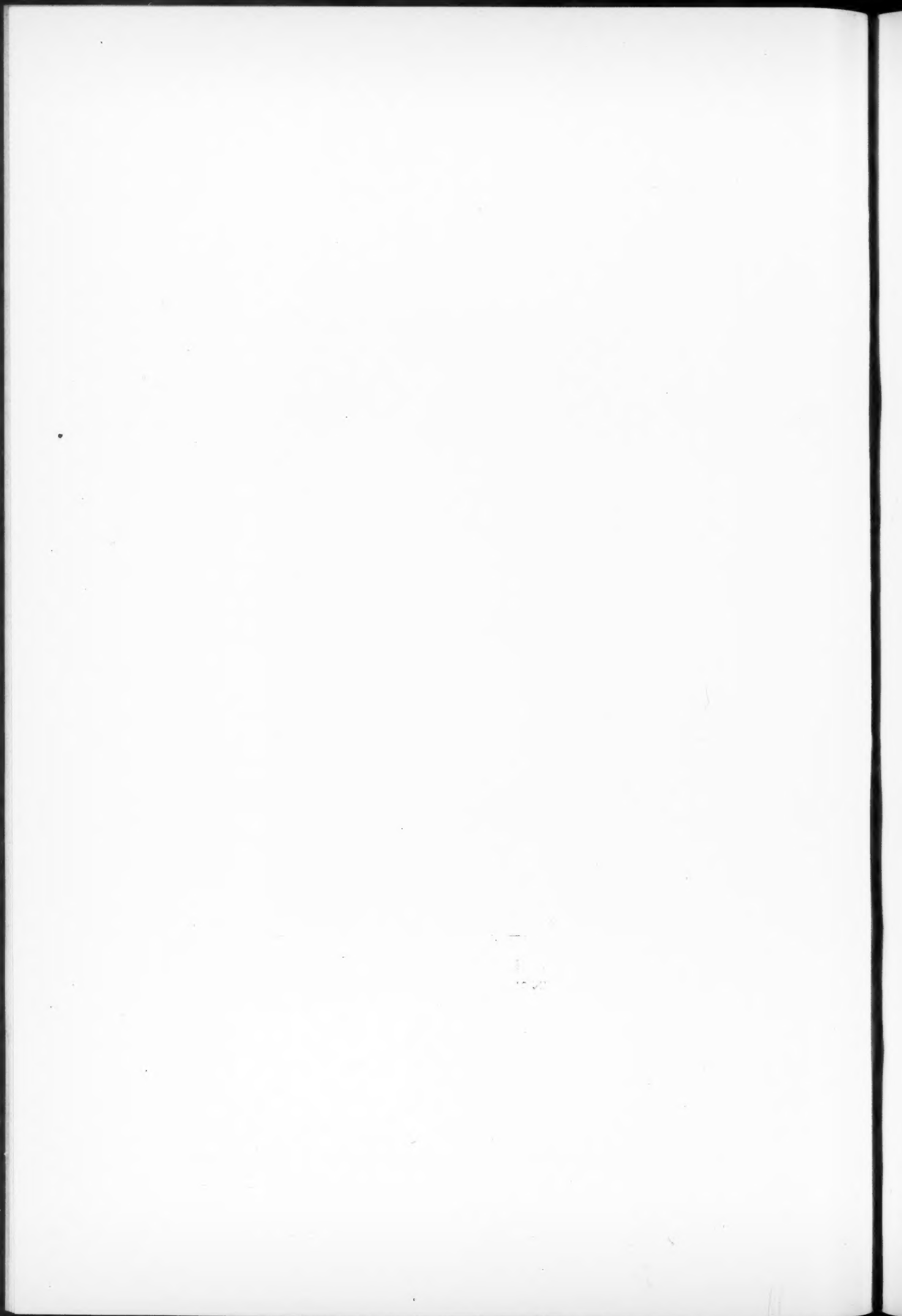
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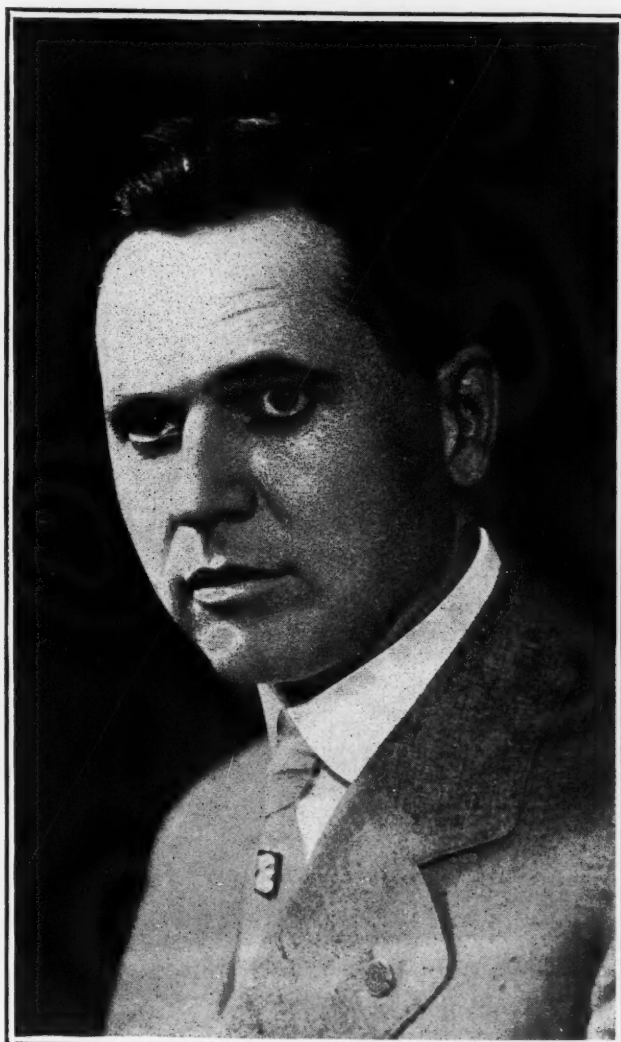


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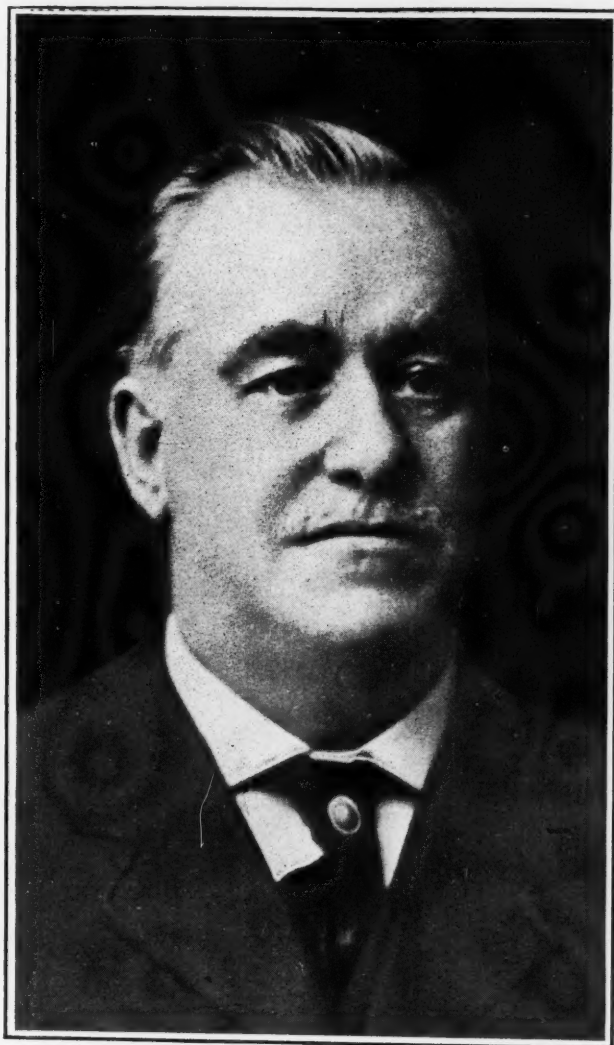
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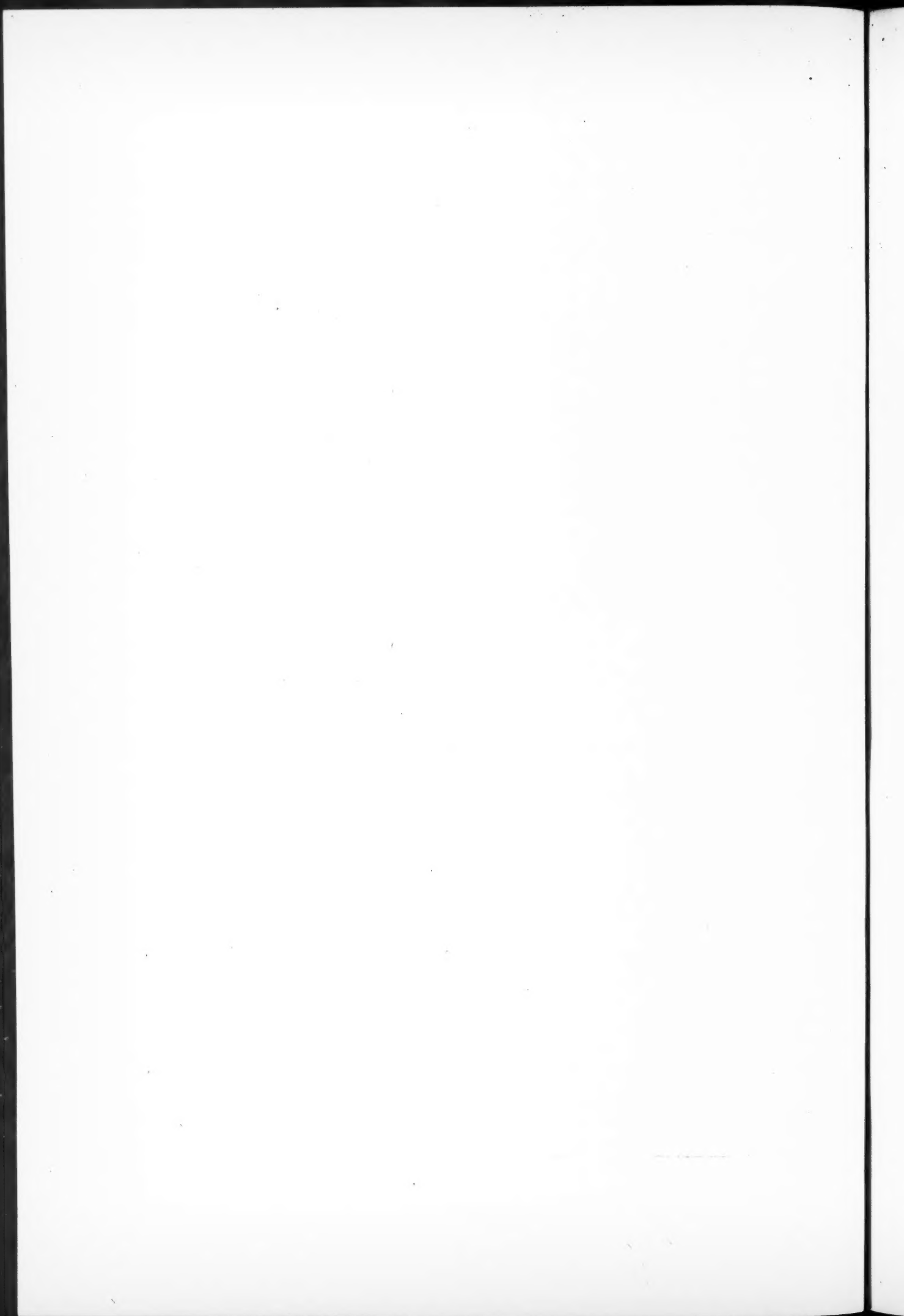
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Chairman—William T. Dodge, Big Rapids.
Secretary—Frederick C. Warnshuis, Grand Rapids.

MEETING.

Tuesday, May 7, 5:30 P. M.—The Tavern.
Wednesday, May 8, 12:00 M.—Masonic Temple
Thursday, May 9, 12:00 M.—Camp Custer.

HOUSE OF DELEGATES.

President—Andrew P. Biddle, Detroit.
Secretary—Frederick C. Warnshuis, Grand Rapids.

FIRST SESSION.

Tuesday, May 7th. The Bridge—The Tavern.
Time: 7:45 P. M. Sharp.

ORDER OF BUSINESS:

1. Call to order.
2. Roll call.
3. Reading minutes of last meeting.
4. Report of the Council.
W. T. Dodge, Chairman.
5. Report of Committee on Legislation and Public Policy. A. M. Hume, Owosso.
6. Report of Committee on Medical Education.
A. M. Barrett, Ann Arbor.
7. Report of Delegates to American Medical Association
Guy L. Connor, Detroit.
8. Report of Committee on Venereal Prophylaxis
H. W. Plaggemeyer, Detroit.
9. Report of Committee on Tuberculosis.
A. F. Fischer, Hancock.
10. Report of Committee on Public Health Legislation. John L. Burkhart, Big Rapids.

11. Report of Committee on Civic and Industrial Relations.
Reuben Peterson, Ann Arbor.

12. Election of Committee on Nominations. The duty of this Committee is to nominate:
 - (a). First, Second, Third and Fourth Vice-Presidents.
 - (b). Three Delegates and Alternate Delegates to American Medical Ass'n.
 - (c). Councillors for:

2d District—A. E. Bulson—Term expires.

4th District—A. H. Rockwell—Term expires.

5th District—W. J. DuBois—Term expires.

7th District—W. J. Kay—Term expires.

8th District—A. L. Seeley—Term expires.

9th District—B. H. McMullen—Term expires.

10th District—C. H. Baker—Term expires.

12th District—R. S. Buckland—Term expires.

14th District—C. T. Southworth—Term expires.

- (d). To select place for 1919 Annual Meeting.

(No two members on the nominating committee shall be from the same Councilor District.)

13. Appointment of Business Committee.

By the President.

14. New Business.

SECOND SESSION.

Masonic Temple, Wednesday Morning, May 8th,
8:00 A. M. Sharp.

1. Roll call.
2. Reading minutes.
3. Report of Committees.
 - (a). Business.
 - (b). Appointed Committees.
 - (c). Committee on Nominations.
4. Election of Nominees.
5. Unfinished Business.
6. Miscellaneous Business.
7. Adjournment *Sine Die*.

HOUSE OF DELEGATES.**Delegates and Alternates.**

NOTE—The black-face type that of the Delegate; the light-face type that of the Alternate.

ALPENA—Branch No. 48

E. E. McKnight, Alpena.
J. D. Dunlop, Alpena.

**ANTRIM-CHARLEVOIX-EMMET—
Branch No. 41****BARRY—Branch No. 26****BAY-ARENAC—IOSCO—Branch No. 4**

W. G. Kelly and J. C. Grosjean, both Bay City.
J. McLurg and C. H. Baker, both Bay City.
BENZIE—Branch No. 59

BERRIEN—Branch No. 50

R. M. Dunnington, Hartford
H. C. Hill, Benton Harbor

BRANCH—Branch No. 9

W. S. Shipp, Battle Creek, and G. B. Gesner,
D. H. Wood, Coldwater.

CALHOUN—Branch No. 1

W. L. Godfrey, Battle Creek, and E. L. Parmeter,
Albion.
W. H. Baldwin, Coldwater.
Marshall.

CASS—Branch No. 36

W. C. McCutcheon, Cassopolis
E. W. Tonkin, Edwardsburg

CHEBOYGAN—Branch No. 58**CHIPPEWA-LUCE-MACKINAW—Branch
No. 35****CLINTON—Branch No. 39**

J. E. Taylor, Ovid.
H. D. Squair, St. Johns.

DELTA—Branch No. 38

W. B. Boyce, Escanaba
Geo. Bjorkman, Gladstone

DICKINSON-IRON—Branch No. 56

J. A. Crowell, Iron Mountain
H. A. Newkirk, Iron Mountain

EATON—Branch No. 10

F. J. Knight, Charlotte.
J. D. McEachran, Vermontville.

GENESEE—Branch No. 24

J. C. Benson, Flint.
C. H. O'Neil, Flint.

GOGEBIC—Branch No. 52

L. O. Houghten, Ironwood.
W. E. Tew, Bessimer.

**GRAND-TRAVERSE-LEELANAU—Branch
No. 18**

G. M. Johnson, Traverse City.

GRATIOT-ISABELLA-CLARE—Branch No. 25

S. E. Gardiner, Mt. Pleasant.
C. T. Pankhurst, North Star.

HILLSDALE—Branch No. 3**HOUGHTON-BARAGA-KEWEENAW—
Branch No. 7**

W. H. Dodge, Hancock.
J. E. Scallon, Hancock.

HURON—Branch No. 47

S. B. Young, Caseville.

INGHAM—Branch No. 40

Freeman A. Jones, Lansing.
O. H. Freeland, Mason.

IONIA—Branch No. 16**JACKSON—Branch No. 27**

G. A. Seybold, Jackson.
M. S. Vaughan, Jackson.

**KALAMAZOO-VAN BUREN-ALLEGAN—
Branch No. 64****KENT—Branch No. 49**

J. D. Brook, Grandville.
C. C. Slemons, Grand Rapids.
H. J. Pyle, Grand Rapids.
W. H. Veenboer, Grand Rapids.
C. W. Brayman, Cedar Springs.
A. Nyland, Grand Rapids.

LAPEER—Branch No. 23

Dr. Chester, Emmett.
Peter Stewart, Hadley

LENAWEE—Branch No. 51**LIVINGSTON—Branch No. 6****MACOMB—Branch No. 48****MANISTEE—Branch No. 19**

James King, Manistee
L. S. Ramsdell, Manistee

MARQUETTE-ALGER—Branch No. 28

A. W. Hornbogen, Marquette.
R. A. Burke, Diorite.

MASON—Branch No. 17

MECOSTA—Branch No. 8

J. B. Campbell, Stanwood.
B. F. Franklin, Millbrook.

MENOMINEE—Branch No. 55

MIDLAND—Branch No. 43

MONROE—Branch No. 15

V. Sisung, Monroe.
W. F. Acker, Monroe.

MONTCALM—Branch No. 13

MUSKEGON—Branch No. 61

F. B. Marshall, Muskegon.
J. M. J. Hotvedt, Muskegon.

NEWAYGO—Branch No. 50

OAKLAND—Branch No. 3

OCEANA—Branch No. 67

O. M. C. O. R. O.—Branch No. 11

ONTONAGON—Branch No. 66

OSCEOLA-LAKE—Branch No. 30

OTTAWA—Branch No. 32

R. H. Nichols, Holland
J. DePree, Zeeland.

PRESQUE ISLE—Branch No. 63

SAGINAW—Branch No. 14

T. M. Williamson, Saginaw.
M. D. Ryan, Saginaw.

SANILAC—Branch No. 20

J. F. Waltz, Brown City.
W. G. Campbell, Brown City.

SCHOOLCRAFT—Branch No. 57

D. W. Ross, Manistique.
E. R. Wescott, Manistique.

SHIAWASSEE—Branch No. 33

W. E. Ward, Owosso.

ST. CLAIR—Branch No. 45

ST. JOSEPH—Branch No. 29

TRI COUNTY—Branch No. 62

O. D. Miller, Cadillac
S. C. Moore, Cadillac

TUSCOLA—Branch No. 44

WASHTENAW—Branch No. 42

Mack Marshall, Ann Arbor
J. A. Wessinger, Ann Arbor

WAYNE—Branch No. 2

R. C. Andries, Detroit.
James A. MacMillan, Detroit.
Frank A. Starkey, Detroit.
James E. Davis, Detroit.
A. W. Ives, Detroit
George C. Chene, Detroit.
Joseph H. Andries, Detroit.
Harry Pepper, Detroit.
R. C. Clark, Detroit.
R. C. Jamieson, Detroit.
R. E. Loucks, Detroit.
Harold Wilson, Detroit.
Walter J. Wilson, Jr., Detroit.
James Cleland, Jr., Detroit.
Leonard F. C. Wendt, Detroit.
Charles D. Aaron, Detroit.
C. E. Simpson, Detroit.
Frank B. MacMullen, Detroit.
G. W. Wagner, Detroit.
J. W. Cunningham, Detroit.
C. H. Stiles, Detroit.
C. D. Brooks, Detroit.
John T. Watkins, Detroit.
D. M. Campbell, Detroit.
W. A. Defnet, Detroit.
Wm. C. Lawrence, Detroit.
Harry E. Dibble, Detroit.
David Inglis, Detroit.
Rollin H. Stevens, Detroit.
Worth Ross, Detroit.
H. Wellington Yates, Detroit.
Guy Connor, Detroit.

GENERAL MEETING

Masonic Temple Auditorium, Wednesday, May
8th at 9:45 A. M.

President—Andrew P. Biddle, Detroit.
Secretary—Fred'k C. Warnshuis, Grand Rapids.

1. Call to Order.
2. Invocation.

F. H. Clapp, Pastor

First Methodist Church, Battle Creek.

3. Address of Welcome.

Mr. W. J. Smith, Battle Creek.

4. Address of Welcome.
Charles E. Stewart, Battle Creek,
President Calhoun County Medical Society.
5. Response.
President, Andrew P. Biddle, Detroit.
6. Report of House of Delegates and Announcements.
The Secretary.
7. President's Annual Address. "The Duty of the Hour is Service."
8. "The Principles Underlying the Treatment of Infected Wounds."
Major Joseph Colt Bloodgood, Baltimore, Md.
Discussion—Dr. W. T. Dodge, Big Rapids.
9. Miscellaneous Business.
10. Nominations for President 1918-19.
11. Adjournment.

SECOND SESSION.

Camp Custer, Mess Tent, 12 M.

1. Report of House of Delegates.
The Secretary.
2. Announcement of Ballot for President.
3. Introduction of President 1918-19.
4. Resolutions.
5. Adjournment *Sine Die*.

PATRIOTIC MEETING

Opera House, Wednesday Evening, May 8th,
7:30 P. M.

ADMISSION BY RESERVED TICKETS ONLY

1. The Star Spangled Banner.
Audience and Band.
2. Convocational.
President Andrew P. Biddle.
3. "The National Cantonment."
General Kennedy, Commander Camp Custer
4. "Camp Custer."
Lt.-Col. C. J. Bartlett,
Division Surgeon, Camp Custer.
5. "What Are We Fighting For?"
Rev. Alfred W. Wishart, Grand Rapids.
6. "Experiences with Medical Officers in France and Italy." (Lantern slides).
James W. Inches, M.D., Detroit.
7. "Reconstruction of Wounded Soldiers." (Moving pictures).
Representative of Surgeon General.
8. Adjournment.

SECTION MEETINGS.

General Note: All the Sections will meet in the Masonic Temple. Meetings convene at 1:30 p. m. Section meetings will be held only on **Wednesday Afternoon.**

SECTION PROGRAMS.

SECTION ON GENERAL MEDICINE.

Wednesday Afternoon, May 8, 1918, at 1:45 P. M.

Chairman—Walter J. Wilson, Jr. Detroit.

Secretary—W. H. Enders, Jackson.

1. Chairman's Address.
Diseases of the Aorta. (Illustrated by lantern slides).
Dr. Walter J. Wilson, Detroit.
 - a. Aortic Stenosis.
 - b. Aortic Regurgitation, Specific and Non-Specific
 - c. Aortitis, Specific and Non-specific.
 - d. Aortic Aneurysm.
2. Election of Section Officers: Chairman for one year, Secretary for two years.
3. The Clinical Application of Electrocardiography.
Dr. George E. Fahr, Ann Arbor.
4. Treatment of Nephritis.

Dr. Jas. H. Dempster, Detroit.

- a. The Importance of Diet—low protein.
- b. Uselessness of Diuretic Drugs.
- c. Treatment of Acidosis.

5. Early Diagnosis of Tuberculosis.
Dr. J. L. Chester, Emmett.
6. Diagnosis and Complications of Typhoid Fever.
Dr. E. W. Haass, Detroit.

- a. Diagnosis and complications of typhoid fever.
- b. The Clinic.
- c. Value of laboratory aid, especially Widal reaction, blood counts and cultures.
- d. In differential diagnosis most difficulty is encountered from colon infections, acute miliary tuberculosis, malignant endocarditis and meningitis, and rarely from genuine influenza.
- e. The differentiation of typhoid from the paratyphoid groups is of value from the standpoint of prognosis.
- f. Most important complications are those of perforation hemorrhage and gall-bladder infection.

7. Organization of a City Health Department.
Dr. C. G. Parnall, Jackson.
8. Pathology of the Common Diseases of the Cord.
(Lantern demonstration).
Dr. Frank R. Starkey, Detroit.
9. Lipodystrophia Progressiva.

Dr. Blanch N. Epler, Kalamazoo.

- a. Rarity.
- b. Pathology.
- c. Clinical Consideration.
- d. Differentiation.
- e. Etiology.
- f. Prognosis.
- g. Treatment.

10. Fragilitas Ossium, with Report of Three Cases.
Dr. Frank L. Rose, Jackson.

- a. A rare disease. Synonyms.
- b. Distinguished from rickets osteo-malacia and osteogenesis imperfecta.
- c. Paucity of literature.
- d. Report of 3 cases in one family. Other cases in collateral branches of same family.
- e. It's pathology and etiology not well established. Suggestion of thymus gland as a possible etiologic factor.

SECTION ON SURGERY**Monday, May 8, 1918, at 1:45 P. M.**

Chairman—A. W. Blain, Detroit.

Secretary—J. C. Andries, Detroit.

1. Chairman's Address—Group Medicine.
Alexander W. Blain, M.D., F. A. C. S., Detroit.
2. Election of Officers: Chairman for one year,
Secretary for two years.
3. Surgery of the Stomach.
William J. Cassidy, M.D.; F. A. C. S., Detroit.
4. Surgical Diseases of the Knee Joint.
Raymond C. Andries, M.D., F.A.C.S., Detroit.
5. Surgical Technic of Goiter Operations.
Max Ballin, M.D., F.A.C.S., Detroit.
6. The Acute Abdomen.
F. Gregory Connell, M.D., F.A.C.S., Oshkosh.
7. Extravasation of Urine.
William E. Keane, M.D., F.A.C.S., Detroit.
8. Case Reports.
 1. Primary Carcinoma of Kidney.
 2. Total destruction of the Kidney with
Sinus Formation, continuous from the
Ureter to the Epidermis.
James E. Davis, M.D., F.A.C.S., Detroit.
9. Announce subject later.
Willet J. Herrington, M.D., F.A.C.S., Bad Axe.

SECTION ON GYNECOLOGY.**Wednesday Afternoon, May 8, 1918, at 1:45 P. M.**

Chairman—H. W. Hewitt, Detroit.

Secretary—H. J. Vandenberg, Grand Rapids.

1. Election of Officers: Chairman for one year,
Secretary for two years.
2. My Experience in Cesarean Section.
J. Clarence Webster, M.D., F.A.C.S.,
Chicago, Ill.
Discussion—W. P. Manton, M.D., F.A.C.S.,
Detroit, Mich.
3. The Improper Treatment of Abortion.
James E. Davis, M.D., Detroit.
Discussion—Major Reuben Peterson, Ann Arbor.
4. The Test of Labor.
George Kamperman, M.D., F.A.C.S., Detroit.
5. The Surgical Treatment of Procidencia Uteri.
Lantern slide demonstration.
Hugh Hagerty, M.D., F.A.C.S., Detroit.
6. Radiotherapy and Gynecology.
G. E. Pfahler, M.D., F.A.C.S., Philadelphia,
Discussion—Henry Hulst, M. D., Grand Rapids.

**SECTION ON OPHTHALMOLOGY AND
OTO-LARYNGOLOGY.****Wednesday Afternoon, May 8, 1918, at 1:45 P. M.**

Chairman—Geo. E. Frothingham, Detroit.

Secretary—Ferris N. Smith, Grand Rapids.

1. Election of Officers: Chairman for one year,
Secretary for two years.
2. Fractures of the Skull Involving the Ear and
Accessory Sinuses—with slides.
Dr. Wm. Cassidy, Detroit.
3. Diseases of the Accessory Nasal Sinuses with
Original Slide Demonstrations.
Dr. J. W. Murphy, Cincinnati, Ohio.
4. Eye Paper. (Subject to be announced).
Major Harry S. Gradle, M. R. C.
5. War Surgery of the Head, Neck and Chest with
slides.

Dr. H. M. Richter, Chicago, Ill.

Thursday, May 9, 1918.**A DAY AT CAMP CUSTER.****U. S. Army Cantonment.**

Lt. Col. C. J. Bartlett—Division Surgeon.

Lt. Col. Lewis Wine Bremerman—Commander
310th Sanitary Train.(Lt. Col. Bremerman has been detailed by Lt.
Col. Bartlett to act as Director for the day).**I.****8:15 a. m.**By automobile from Battle Creek to Regi-
mental Infirmarys. Eight miles ride giving birds-
eye view of entire Camp. Automobile fare, 25
cents.**II.****8:45 a. m.—Sick Call.**By special arrangement the regular morning
Sick Call will be delayed till 8:45 a. m. Demon-
stration will be given of method of examining
and disposing of those who answer Sick Call.Sick Call will be held in several Barracks. A
ticket will be required. Barrack numbers will be
announced at the General Session.**III.****10:15 a. m.—Clinical Demonstrations.**

1. Medical Clinic.
2. Surgical Clinic.
3. Eye, ear, nose and throat Clinic.
4. Genito-Urinary Clinic.

Medical Officers in command of these services
will conduct a Clinic and Demonstration together
with brief talks by various detailed officers, and
the exhibition of cases.**Important.** Inasmuch as a single clinic will
accommodate only a certain number the attend-
ance at these clinics will be limited and appor-
tioned. **No one will be admitted to any clinic
who does not hold a ticket.** Tickets to be secured
at Registration Booth in Masonic Temple. Be
sure and secure your ticket when you register.**IV.****12:15—Mess Call.**

A splendid chance to sample Camp rations.

V.

1:30 p. m.—Division Review.

The Commanding General, as a special favor to the Society, will hold a Division Review. The full Camp force of some 30,000 men will draw up for formal inspection and review. The review will occupy some two hours and will be a wonderful inspiring Military Maneuver.

VI.

3:30 p. m.—Sanitary Corp Exhibiton.

Under Direction of Major Lewis Wine Bremerman the Ambulance Companies and Field Hospital Companies will give a field demonstration. This will consist of:

1. Setting Field Hospital.
2. Evacuation of Hospital.
3. Stretcher Bearers Bringing in Wounded.
4. Receiving of Wounded.
5. Disposal of Wounded.
6. Military Drills.
7. Transportation.
8. First Aid.
9. Keeping Records.
10. Striking a Field Hospital.

COMMITTEES.**Calhoun County Society Committees.****General Arrangements.**

- Dr. B. N. Colver, Chairman.
 Dr. A. F. Kingsley (Chairman on Publicity).
 Dr. R. C. Stone (Chairman Hotel Arrangements).
 Dr. H. R. Allen (Chairman of Com. on Exhibits).
 Dr. E. L. Eggleston (Chairman on Reception).
 Dr. R. D. Sleight (Chairman on Entertainment).
 Dr. C. S. Gorsline (Chairman of Finance Com.).

Hotel Accommodations.

Dr. R. C. Stone (Chairman), Dr. W. S. Shipp,
 Dr. J. A. Elliott, Dr. R. D. Sleight.

Publicity.

Dr. A. F. Kingsley (Chairman), Dr. J. G. Gage,
 Dr. L. E. Stegman.

Exhibits.

Dr. H. R. Allen (Chairman), Dr. A. F. Kingsley.

Finance.

Dr. C. S. Gorsline (Chairman), Dr. R. D. Sleight, Dr. R. V. Gallagher.

Entertainment.

Dr. R. D. Sleight (Chairman), Dr. J. A. Elliott,
 Dr. A. S. Kimball, Dr. R. C. Stone. Dr. S. K. Church.

Reception.

Dr. E. L. Eggleston (Chairman), Dr. J. G. Gage, Dr. J. W. Gething, Dr. W. L. Godfrey,
 Dr. J. S. Pritchard, Dr. Estella Norman.

GARAGES.

Post Tavern Garage will arrange to store 40 cars; storage, 75 cents per night; washing \$1.50 to \$2.00.

Phillips Garage will arrange to store 25 or more cars; storage, 50 cents per night, washing, \$1.00 to \$2.00.

Independent Garage will arrange to store 50 cars; storage, 75 cents per night; washing, \$1.50 to \$2.50.

American Motor Co. will arrange to store 10 cars; storage, 75 cents per night; washing, \$1.50.

THE BULGARIAN BACILLUS AS A REMEDIAL AGENT.

A simple and effective remedy for the summer diarrheas and other common ailments of the intestinal canal is the Bulgarian bacillus. This was popularized a few years ago by the late Professor Metchnikoff, who pointed out that this organism, in the form of buttermilk, is extensively used by the Bulgarians, who have the reputation of being the longest lived people in Europe. While this lactic acid organism is not, of course, a panacea for senility, it is a remedy of very great value for many intestinal affections. Clock and others have shown that by its use summer diarrheas of children can be controlled more quickly, and with less disturbance of the child's regular food than with any other remedy. It has also been recommended for intestinal indigestion, autotoxemia of intestinal origin, and even for such serious diseases as diabetes.

It is important to use a culture of the Bulgarian

bacillus which you can depend upon. Galactenzyme (Abbott) is such a culture. This product is made from the type A organisms, of established virility, under the most careful, aseptic precautions. It is available both in tablet form and in bouillon. For ordinary use the tablets are generally preferred. We recommend a careful trial of Galactenzyme in cases of summer diarrhea. Now is the time to procure a supply.

Compatibility of Phenolphthalein.—It is better not to combine several laxatives, but those who believe in doing this may combine phenolphthalein with drugs that can properly be prescribed in powders or pills as, for instance, calomel. Since phenolphthalein and calomel are both tasteless, they may be prescribed in powders or enclosed dry in capsule, cachet or wafer, the amount of each ingredient being estimated according to the susceptibility of each patient. (*Jour. A.M.A.*, March 30, 1918, p. 950).

The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Arthur M. Hume, Chairman.....Owosso
 Guy L. Klefer.....Detroit
 W. J. Kay.....Lapeer
 W. J. DuBols.....Grand Rapids

EDITOR

FREDERICK C. WARNSHUIS, M.D., F.A.C.S.
 Grand Rapids, Mich.

All communications relative to exchanges, books for review, manuscripts, news, advertising, and subscription are to be addressed to Frederick C. Warnshuis, M.D., Powers Theatre Building, Grand Rapids, Mich.

The Society does not hold itself responsible for opinions expressed in original papers, discussions, communications, or advertisements.

Subscription Price—\$3.50 per year, in advance.

May

Editorials

EUGENICS AND PUBLIC HEALTH.

It has long been known that a considerable share of disease is due to the direct inheritance or transmission of a specific disease and especially to inherited weaknesses or tendencies that predispose to disease or subnormal development. The chief among such conditions are venereal diseases, tuberculosis, dyscrasias of metabolism and the blood, and nervous and mental disorders.

Perhaps it is more because of the sociological effect of such inheritance rather than because of deaths and illness produced by it, that so much agitation arises and so many different proposals are made for the limiting and control of racial reproduction. In fact, the greatest part of the sentiment on this subject is directed against the reproduction of moral and mental degenerates who comprise the bulk of the dependent class. Instances have frequently been quoted of where a single criminal family has in the course of a few generations produced thousands of weak-minded, insane and criminal descendants at the cost of great sums of money to the commonwealth. While we do not in-

dorse the radical view that all crime is evidence of mental disease, it can not, on the other hand, be disputed that whenever there is a retardation in mental development the abstract conceptions of social relations and individual responsibility will be less clearly comprehended and the faculty of reflection by which the remote consequences of an act are considered will be poorly exercised.

In the past, the majority of the measures proposed for improving the racial types have been largely of a negative order, consisting not so much in encouraging the union of better types and improving the opportunities for such marriages and increasing the number of offspring of such individuals but rather by legislation aimed at eliminating the deficient types. Perhaps the most effective of these means is the segregation of the unfit. Lately a law enacted in the State providing for unsexing operations to be performed on inmates of State institutions has been declared unconstitutional. In Wisconsin a law was passed sometime ago requiring that every applicant for a marriage license should submit a certificate of a negative blood Wassermann. The sole effect of this law was to decrease the number of marriages, the license being obtainable in other states. We dare say that even were such a law to become a Federal statute it would fail to attain its object but merely produce an increase in the number of illegitimate births.

It is hardly worth while for us to mention in this connection the efforts on the part of a few sentimentalists to prevent the rearing of improperly large families among the indigent by spreading information on methods of birth control. It has been well demonstrated the burdensome, large families of this class are not due so much to ignorance of the vicious practices which these propagandists recommend as they are to the utter lack of responsibility and self restraint in the poverty stricken people.

A little reflection will show that the problem of improving the quality of the race can not be solved by resorting to the artificial methods of selection but by giving the great, irresistible human instincts a full, wholesome play. In no

other classes do the arbitrary standards of selection in marriage hold more sway than among the very rich and the nobility of Europe. Marriages in these classes are almost universally dependent on distinctions of wealth and social position rather than natural temperamental attractions. The evil effects in the character of their progeny are too well known to review here. William Hohenzollern is sufficient example of a type that we do not want.

Natural, sexual selection when not too much hampered, has a powerful tendency upward. Few women, if given the opportunity will prefer to marry a criminal or one mentally incompetent rather than a robust, normal individual who is more certain to provide her the support and companionship she desires, and while it may be said that one feeble-minded person may marry another, it can easily be seen that the off-spring of such a union would be so markedly inferior that the strain could not be long perpetuated.

We must agree, then, that natural selection, if fully operative will tend to bring about an upward evolution of the race. Among the lower animals, Darwin considers it a very conspicuous force in the evolution of species. It follows that any inquiry into the conditions that produce racial deterioration must involve an examination of the factors that prevent natural sexual selection from operating. This brings us to the point of our article. We hold that the problem is an economic one. So long as it is possible for a highly conservative body such as the Industrial Commission appointed by Congress to report that 60 per cent. of the people in this country are living on an income insufficient to provide them with the ordinary necessities of life, such as food, clothing, and proper shelter, just so long will it be possible for mentally weak to marry normal, healthy women and vice versa.

It is easy to follow the relation between infant mortality and poverty. Take for instance the following statistics from the U. S. life tables of 1910:

VITAL STATISTICS.

As to the subject of eugenics the following statistics taken from the U. S. life table have

some bearing: The death rate per 100,000 during the first year of life in the registration states is 124.95. This is by far the highest rate below the age of 79 when it again reaches 124.99. The first year of life, therefor the most hazardous as the deaths occurring past the age of 79 are more often due to the gradual wearing out of one part or another which may produce death in itself or greatly predispose to some other intervening cause.

If we compare the death rate during the first year of life of the white children living in the cities with those living in the country, we find a very remarkable difference, an average of 122.51 for cities of more than 10,000 population and an average of 94.01 for the rural districts. Any one acquainted with conditions in large cities will agree that the difference would be much more marked if the census for cities had been confined to those of 75,000 or more. Nor can we persuade ourselves that conditions of country life are anywhere near to ideal. Country people on the whole are no better informed about raising children than are city people.

In every locality by far the greatest percentage of deaths in young infants occur during the first month, there being from three to five times as many deaths in this month than in any other like period of life. More than one-half of the deaths during the first year occur during the first three months.

Concerning the statistics of other periods of life it is interesting to note that there is a gradual falling off in the death rate up to the age of 12 or 13 for females and 14 to 15 for males, when it begins to rise again and steadily increases.

We hope by this that we have demonstrated that the question of eugenics is not a medical one and that the breeding of human beings on the same standards that cattle are bred is entirely unnecessary and abhorrent. Although putting the burden on the economists does not make it any the easier, it at least absolves us from the responsibility of deducting a solution.

MICHIGAN STATE MEDICAL SOCIETY. PROGRAM.

TUESDAY, MAY 7TH.

- 5:30 P. M. Council Meeting.
7:30 P. M. House of Delegates—Post Tavern, the Bridge.

WEDNESDAY, MAY 8TH.

- 8:00 A. M. House of Delegates—Masonic Temple.
9:30 A. M. General Session—Masonic Temple.
1:30 P. M. Section Meetings—Masonic Temple.
7:00 P. M. Band Concert, Camp Custer Band—THEATRE.
8:00 P. M. PATRIOTIC MEETING—THEATRE.

THURSDAY, MAY 9TH—CAMP CUSTER.

- 8:45 A. M. SICK CALL.
10:00 A. M. SPECIAL CLINICS.
12:00 M. MESS
1:30 P. M. GENERAL REVIEW.
3:00 P. M. FIELD DEMONSTRATION.
5:30 P. M. REVEILLE.

REGISTRATION.

Members and guests are invited to register and receive:

1. Official Program.
2. Official Badge.
3. Certificate of Registration.

SPECIAL TICKETS.

Special tickets to *CAMP CUSTER CLINICS* and to the *PATRIOTIC MEETING* in the theatre will be distributed at the Registration Booth on *Wednesday from 8:00 A. M. to 8:00 P. M.*

Special tickets will only be distributed on presentation of *Certificate of Registration*.

Only one ticket to Camp Custer Clinics will be given to each applicant for but one Clinic. Select the Clinic you wish to attend *MEDICAL, SURGICAL, GENITO-URINARY, EYE, EAR AND THROAT* and request a ticket for only one of these Clinics.

PATRIOTIC MEETING—THEATRE.

WEDNESDAY EVENING—7:00 P. M.

7-8 P. M. Band Concert—Camp Custer Band of 100 Pieces.

8:00 P. M. Official Program.

Reserved seat tickets, no more than four to each member will be distributed on presentation of Certificate of Registration on Wednesday from 8:00 A. M. to 8:00 P. M.

BY ORDER OF THE COUNCIL.

INVITED GUESTS.

The following invited guests will participate in our 53d annual program:

General C. W. Kennedy, Commander, Camp Custer.

Lt. Col. C. J. Bartlett, Division Surgeon, Camp Custer.

Lt. Col. W. S. Bremerman, Commander Sanitary Trains, Camp Custer.

Rev. Alfred W. Wishart, Grand Rapids.

Dr. F. Gregory Connel, Okosh, Wis.

Dr. J. Clarence Webster, Chicago.

Dr. G. E. Pfahler, Philadelphia.

Dr. J. W. Murphy, Cincinnati, O.

Dr. H. S. Gradle, Chicago.

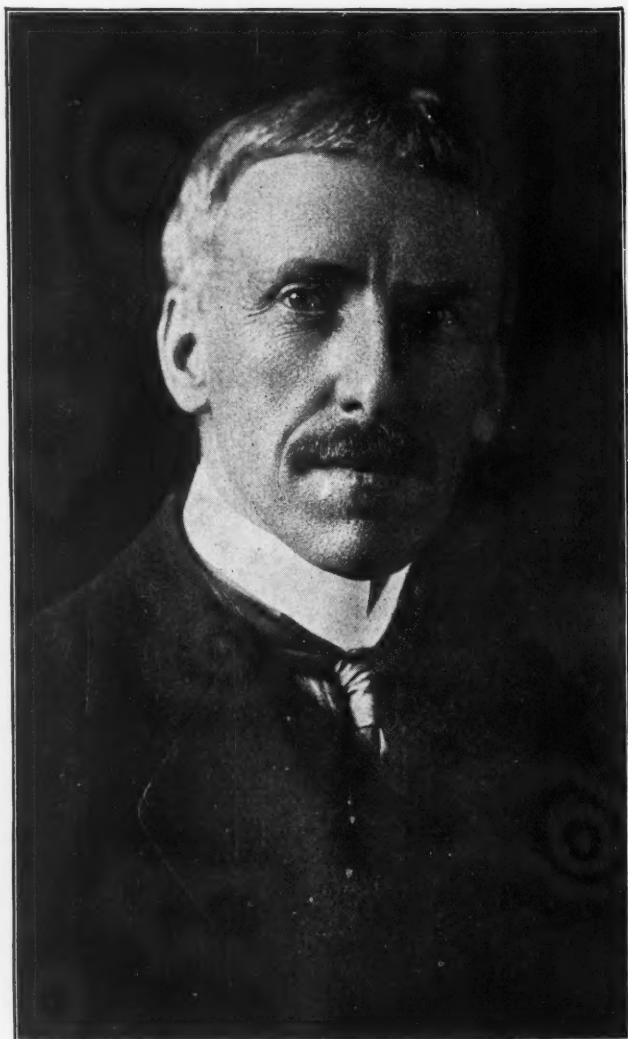
Dr. H. M. Richter, Chicago.

Dr. J. C. Bloodgood, Baltimore. Md.

PRESIDENT BIDDLE.

When Andrew P. Biddle, of Detroit, was elected President of our Society at the Houghton meeting we enumerated in detail the prominent events of his life, the several offices that he held in medical organizations and his civic activities in his home city. Now, at the close of his administration as President of our Society the privilege and pleasure is again ours to extend to him our heartfelt appreciation for the work he has so zealously performed in the interest of the organization and its individual members during his term as President.

We know not what the future holds in store. It is not ours to prophesy the direction and scope of the activities that will engage our organizational effort. We do not know to what degree



ANDREW P. BIDDLE, M. D.
PRESIDENT
[MICHIGAN STATE MEDICAL SOCIETY
1916 - 1917 - 1918
DETROIT

our society may rise in the solving of the sociological problems that will confront our profession when peace among nations is once again declared. We are at the dawn of a new era with hope and eager anticipation mingled with gloomy forebodings as to what will be demanded of each of us and our Society by future events.

The historian of medical life and activity in Michigan who in future years reviews our organizational career will be arrested in his comments by the activity, devotion to organizational work, judicious decisions and capable direction that has ever been exercised and exhibited by Andrew P. Biddle of Detroit during his membership and while serving as Secretary, Editor, Councillor and President. To him will be rightly ascribed a large amount of credit for what we are as a Society today. To Doctor Biddle do we owe a deep and lasting obligation.

Each and every member wishes him every happiness and success and we are sincere in the hope that we may continue to be guided and inspired by his presence and activity for many years to come.

THE COUNCIL.

The term of office of the majority of our Councilors expires with the convening of our 53d annual meeting. Whether all or only part of those whose term of office expires will be re-elected depends upon the action of the House of Delegates.

The members of our present Council represent the men who have guided our society and watched over its interests for the past ten years. A majority of them have served in that capacity since our re-organization in 1902—sixteen years ago.

What we are as a society today, the influence we have exercised, the organizational work that has been accomplished in Michigan is in a very large measure resultant from the faithful performance of duty by our Councillors. They have indeed been deeply solicitous of our Society's welfare and have been conscientious stewards of the trust that was imposed in them.

In view of the faithful services that have

been rendered by these members of our Council we believe it but meet and fitting that permanent record be entered in our official publication, *The Journal*, of this faithful acquittal of the duties delegated to them and the trust that has been imposed. To that end we have caused to be inserted in this issue their photographs as our tribute and method of recording our appreciation of the services they have contributed.

Editorial Comments

Brossy in reviewing 642 cases of hernia found that in one group of 236 cases there were seventeen recurrences or 6.44 per cent of the cases of inguinal hernia. Sometime ago we discussed the subject editorially and emphasized the fact that a definite percent of recurrence would be encountered in any given group of cases no matter how perfect the surgical technic may be.

Fowler in discussing the value of antiseptic agents draws the following conclusions:

(1) Abundant clinical evidence of the efficacy of iodine in skin sterilization has been corroborated by laboratory findings. (2) The germicidal action of mercuric chloride is too slow to be of value in sterilization of the skin. (3) Eternal vigilance is the price of asepsis.

The program for our annual meeting is complete in this issue. We are unable, however, to definitely announce the names of the speakers at the evening session for the reason that men in service are uncertain as to their location at any given time. We can, however, assure our members that interesting men who have a definite message will address you in addition to Dr. Inches and Dr. Wishart.

Please remember that special tickets will be required for the Clinics at Camp Custer and for the Patriotic Meeting in the theatre.

Every member should observe that under no condition will they be permitted to carry a camera, or take any pictures within the boundary of Camp Custer.

Note well that there will be no parking facilities for private automobiles on the road to Camp Custer or within the Camp. Do not attempt to use your auto in the Camp or going to the Camp.

Our Hosts have arranged the necessary transportation within the Camp domains.

Use the "Auto Service" in reaching the Camp from Battle Creek.

We asked a good and staunch friend to suggest a name that might be used in referring to the Germans as we were somewhat desirous of eliminating that word from our vocabulary. The following is his suggestion:

As a designation for your purpose: *Pediculus* (singular) and *Pediculi* (plural) would be better than "vermin" which has no singular form. Why *Pediculi*? Because a universal pest, loathsome and nasty, despised by the decent, extremely efficient, persistent and without sensibility. I have already in some communication referred to the Kaiser as the "sanctimonious crocodile" which I think fits him personally pretty well.

At the time of going to press we are endeavoring to secure from the war office the several reels of films depicting reconstructive surgery of wounded soldiers and the results obtained. We feel we shall succeed in obtaining this film and that we will be able to announce in the official program, that will be given you on registration, at what meeting it will be exhibited.

We recall that that Gerard in his book recites that during a certain conversation a Hun official stated that the Huns had 500,000 loyal subjects who would revolt if America entered the war. Gerard states that he replied: "Yes and we have 500,001 lamp posts in the United States to hang them on if they do." It occurs to us that it might be well to polish up some of these lamp posts at the present time and use them as Gerard intimated they would be used. Such is the treatment every "Pro-Hun" deserves.

How often have you written to your fellow member who has entered the service. We know he will welcome a breezy letter giving all the local news. You owe at least that much to the boys on duty.

We urge that you thoughtfully, and with deliberate reflection, read Surgeon-General Gorgas' letter in this issue. If your local community and family can spare you do not delay filling your application for a commission. It is really incumbent upon our larger cities to supply these needed doctors. You of Detroit, Grand Rapids, Saginaw, Bay City, Jackson, Battle Creek, Kalamazoo, Flint—the call comes direct to you. Are you willing to go? You are needed by June 1st.

The Society purchased \$1,000 worth of the third issue of Liberty Bonds. We are preparing to invest all of our surplus funds in Liberty Bonds when the fourth issue is made.

Correspondence

March 22, 1918.

Many thanks for your good letter which only reach me the other day—the reason for the delay being that I have been out of postal communication for the past six weeks.

Have just returned from a very interesting detail with the Belgian army where I saw many things of interest in the treatment of war wounds which will be of untold benefit in the treatment of civil wounds also.

Most important of these is the treatment of infected joints by incision for drainage, frequently multiple, and what they term constant motion. The patient is made to flex his own limb every two hours or so—no irrigation or tubes. Six weeks or more after you could not tell which limb had been involved by watching the patient walk or work.

Sure, I will try to obtain some relics for you if possible—but I cannot promise. Next to the last time that I was at the front I promised two of the men here to bring them back helmets, etc. Well, after the advance, I went out in the Hun trenches and loaded up with several pounds of plunder and started to walk back to where my machine was parked. Well, to make a long story short, when I got there I didn't have a damn thing left and probably would have been minus my own tin-hat and gas mask if I hadn't had the things strapped on. I don't think I was scared either—just trying to be a little more cautious. This is not for publication in the journal, however, as it is one of the tales that I have not written to my wife. I always try to make her think that the streets of Detroit are more dangerous than any place that I am apt to go here.

By the way, I do not see the Journal, as you enquired—but sure would like to.

Give my best regards to all my good friends in Grand Rapids.

Sincerely,

Camp Custer, April 12, 1918.

My Dear Dr. Warnshuis:

I wish to thank the Michigan State Medical Society, through you, for the invitation to be present at the Patriotic Meeting to be held at the Battle Creek Opera House on the evening of May 8th in connection with the 52d annual meeting of your Society, and for your additional kindness in placing a box at my disposal.

As public speaking is not in my line, I have hesitated in accepting your invitation to make an address on that occasion. Your printed program, however, has my name on the list of speakers, and I see no way of escape.

Very sincerely yours,

C. W. KENNEDY.

YOUR COUNTRY CALLS

**The following letter is self explanatory.
What are YOU going to do? Will you go?
The need of your services is imperative.
This call means YOU!**

Washington, April 8, 1918.

From: The Surgeon General.

To: Editor, Michigan State Medical Society Journal,
Grand Rapids, Michigan.

Subject: Medical Reserve Corps.

1. I wish to call to the attention of the profession at large the urgent need of additional medical officers. As the war progresses the need for additional officers becomes each day more and more apparent. Although the medical profession of the country has responded as has no other profession, future response must be greater and greater. The Department has almost reached the limit of medical officers available for assignment.

2. I am, therefore, appealing to you to bring to the attention of the profession at large the necessity for additional volunteers. So far the United States has been involved only in the preparatory phase of this war. We are now about to enter upon the active or the fighting phase, a phase which will make enormous demands upon the resources of the country. The conservation of these resources, especially that of man-power depends entirely upon an adequate medical service. The morning papers publish a statement that by the end of the year a million and a half of men will be in France. Fifteen thousand medical officers will be required for that army alone. There are today on active duty 15,174 officers of the Medical Reserve Corps.

3. Within the next two or three months the second draft will be made, to be followed by other drafts, each of which will require its proportionate number of medical officers. There are at this time on the available list of the Reserve Corps, an insufficient number of officers to meet the demands of this draft.

4. I cannot emphasize too strongly the supreme demand for medical officers. Will you give the Department your assistance in obtaining these officers? It is not now a question of a few hundred medical men volunteering for service, but it is a question of the mobilization of the profession that in the large centers of population and at other convenient points as well as at all Army camps and cantonments, boards of officers have been convened for the purpose of examining candidates for commission in the Medical Reserve Corps of the Army. An applicant for the Reserve should apply to the board nearest his home.

5. The requirements for commission in the Medical Reserve Corps are that the applicant be a male citizen of the United States, a graduate of reputable school of medicine, authorized to confer the degree of M. D., between the ages of 22 and 55 years of age, and professionally, morally and physically qualified for service.

6. With deep appreciation of any service you may be able to render the Department,

I am

W. C. GORGAS.

Surgeon General, U. S. Army.

Washington, April 5, 1918.

The Editor, Jour. Mich. State Med. Society,
Grand Rapids, Mich.

Dear Sir:

In view of the reports in current medical literature of untoward results from the use of arsphenamine and neoarsphenamine, I have to request that you give publicity to the statement that it is requested that samples of any lots of these arsenicals which have shown undue toxicity be forwarded to the Hygienic Laboratory for examination.

In sending these samples it should be ascertained that the lot number is the same as that of the ampoules used on patients. The samples sent should, if possible, be accompanied by a brief note stating the approximate body weight and age of the patient, the dose and dilution of the drug given, the symptoms and result; that is, whether fatal or not.

Respectfully,

S. W. McCoy, Director.

Washington, D. C., March 19, 1918.

Journal of Michigan State Medical Society,
Grand Rapids, Michigan.

Gentlemen:

As you are aware there is urgent need for the country to use with the utmost care, our stocks of sugar, alcohol and glycerin. It has come to our attention through the work of Professor Wimmer of New York and Mr. F. A. Upsher Smith of St. Paul, Minn., that it is possible to reduce largely the amount of these materials used in medicines by the adoption of infusions, decoctions and solid forms of medication, such as capsules, in place of elixirs, syrups, fluid extracts and tinctures.

As the choice of medicine rests with the physician we feel that the extent to which this conservation program is successful rests largely with the physician and we urge upon physicians throughout the country the desirability of prescribing extemporaneously wherever possible.

It is really desirable that the editors of Pharmaceutical and Medical journals, Deans and Professors of Colleges, and Secretaries of State, County and City Associations should see that the matter is fully discussed at meetings of physicians and druggists and should do all within their power to assist this conservation movement, which cannot fail to be of material assistance to the country since "Food Will Win The War."

May we depend upon you for your active co-operation in this matter?

Yours very truly,

UNITED STATES FOOD ADMINISTRATION,

Per CHARLES W. MERRILL,

Division of Chemicals, Sisal and Jute,

Deaths

BARTLETT H. McMULLEN, M.D., F.A.C.S.

Cadillac, 1857-1918.

Physician, Surgeon, Councilor, Mayor
of Cadillac

Died at His Son's Home in Minneapolis, Minn., at 3 A. M., April 1, 1918.

Dr. B. H. McMullen, of Cadillac, Member of the Council of our State Society, died at the home of his son in Minneapolis on April 1st, 1918, after a prolonged illness. Death resulted from leukemia. He was buried in Cadillac on April 4.

During a period of more than a quarter of a century Dr. Bartlett H. McMullen has been engaged in the practice of medicine and Surgery at Cadillac, Michigan, and in this time has become known as one of the leaders of his calling in this part of the State. A man of high attainments and great force of character, he has exerted an influence for good in various lines of activity in the city of his adoption, having acted as Mayor in 1907-08 and is not alone a skilled Physician and Surgeon but a man of excellent business ability. Dr. McMullen is a Canadian by nativity and was born in Stratford, Ontario, Sept. 15, 1857, a son of John S. and Margaret (Holland) McMullen.

Dr. McMullen received his early education in the public schools of Michigan, and began to study medicine under the preceptorship of Dr. W. E. Magill, of West Bay City. In 1876 he became a student in the Detroit Medical College, from which noted Institution he was graduated March 4, 1879, with the degree of Doctor of Medicine. He immediately established himself in practice at Morley, Michigan, which was the scene of his endeavor until 1888 when he came to Cadillac. This city has continued to be his field of practice to the present time. He has built up an excellent professional business by reason of his ability, his experience and his kindly, sympathetic nature, and is known among his professional brethren as one who strictly adheres to the unwritten ethics of his profession. He has never ceased to be a close student and in 1890 took a post-graduate course in New York City, in 1899 a course in the Polyclinic Hospital of that Metropolis, and since he has taken various other Hospital and Lecture courses in this country and in Europe. By his membership in the Michigan State Medical Society, of which he has been Councilor for the Ninth District since its re-organization in 1904, and the American Medical Association, he kept fully abreast of the constant advances made in medicine. The Doctor was especially well known in the field of sur-

gery, was division surgeon of the Ann Arbor Railway and chief surgeon of the Mercy Hospital, and his offices are equipped with the latest improved instruments. He has been successful in his business ventures, and at the time of his death was interested in the Weber-Benson Drug Co., the Cadillac Chair Co., St. Johns Table Co., all of Cadillac. He was a Knight Templar Mason and a Pythian Knight.

Dr. McMullen was married Sept. 7, 1892, to Miss Alice M. Samsand. They have three children: Florence, who is the wife of Charles A. Jewett, of Cleveland, Ohio; Donald, who married Helen Diggins, daughter of the junior member of the firm of Cummer-Diggins Co. of Cadillac; and Edward of New York City, a talented musician, who has spent three years in advanced study at Munich, Germany.

John S. McMullen was born at Kingston, Canada in 1832 and there received good educational advantages, being graduated from the Kingston High School. He subsequently adopted the profession of civil-engineering and in 1856 came to Saginaw, Mich., where he entered the lumber business until his death in January, 1912. He was a man of much executive and organizing ability and stood high in the confidence of his business associates, who looked to him constantly for counsel and advice. In politics a Democrat, he took an active and leading part in local matters, and his fraternal connection was with the Independent Order of Odd Fellows. Mr. McMullen was married in 1853 at Detroit, Mich. to Miss Margaret Holland who was born in 1830 in Ireland and she died in 1904 in Seattle, Washington, having been the mother of four sons and two daughters, as follows: Dan H., who is engaged in the lumber business at Minneapolis, Minn. and Seattle Wash.; Dr. Bartlett H., of this review; Dave and John who are engaged in the coal and wood business at Seattle, Wash.; Margaret, a teacher in the schools of Memphis, Tennessee; and Minnie, who is now Mrs. Jas. Armstrong, living at Butte, Montana.

Dr. Edwin H. Bailey of Flint died of pneumonia on April 4th after a brief illness. Dr. Bailey was born in Detroit, was a graduate from the Detroit Homeopathic College in 1903 and began his practice in Flint about seven years ago.

We have also received notice of the death of Dr. Frank M. Gier of Hillsdale, Dr. T. T. Hubbard of Grand Rapids, Dr. Frederick Gill of Alma, and Dr. Freeman Hall of Kalamazoo.

State News Notes

Dr. John D. Demay has instituted proceedings against Dr. C. G. Parnall, health officer of Jackson, claiming \$25,000 damages. The suit is the outcome of the recent arrest of Dr. Demay who was alleged to have failed to report a case of smallpox. The jury which tried the case rendering a verdict of acquittal on direction of the preceding judge.

At one of its April meetings the Wayne County Medical Society unfurled a service flag with 117 stars. The stars were sewed on by the mother, wife or sweetheart of each member in active service. Incidentally why shouldn't every hospital in the state fly its Service Flag?

Dr. Raymond S. Goux, of 545 David Whitney Bldg., Detroit, Mich., has been commissioned First Lieutenant in the Medical Officers Reserve Corp, Dept. of Head Surgery, and ordered to Hazelhurst Aviation Field, Mineola, Long Island.

No doctor can afford to miss the Battle Creek meeting. Never again will the opportunity be presented to the society to spend a day in a National Cantonment and witness army maneuvers and demonstrations.

Major R. C. Balch of Kalamazoo, for several months surgeon at the Base Hospital at Camp Custer has been ordered East, presumably for Overseas duty.

The Seniors of the Detroit College of Medicine and of the Medical Department of the U. of M. have been invited to attend the demonstrations at Camp Custer.

If you desire the Society to hold its next annual meeting in your city please place the invitation in the Secretary's hands during the first session of the House of Delegates.

Dr. George L. Le Fevre of Muskegon who recently underwent a cholecystectomy is convalescent and after a few weeks' rest in the east will resume his practice.

The Council of Detroit has voted \$30,000 to the Detroit College of Medicine and Surgery. Details of a plan for creating a Detroit University are being perfected.

Note the date—Battle Creek, May 7, 8 and 9th.

Dr. Reuben Peterson of Ann Arbor has been devoting practically all of his time visiting the several draft boards throughout the state.

The State Board of Registration will hold its summer examination in Detroit, June 1 to 3 and in Ann Arbor, June 21 to 24.

Do not forget to secure your Special Tickets to the Clinics at Camp Custer.

Dr. Toles of Lansing is convalescent from an acute middle ear and mastoid involvement.

Dr. A. P. Biddle is now acting Chairman of the Detroit Board of Education.

The Tri-State Medical Association met in annual session in Detroit on April 9th.

Dr. Frank A. Zastrow of Lapeer and Miss Eleanor A. Perkuis of New York were married March 21st.

COUNTY SOCIETY NEWS

It is the Editor's desire to have this department of the Journal contain the report of every meeting that is held by a Local Society. County Secretaries are urged to send in these reports promptly

GRATIOT-ISABELLA-CLARE COUNTY.

The March meeting of the G. I. C. County Medical Society at Brainerd's Hospital in Alma, March 21st. Meeting was called to order by President Hall with six members present.

Minutes of previous meeting were read and approved. Communications were read from the Council of National Defense, which was referred to Dr. W. E. Barston for action, and from the A. M. A. relative to the Owen Dyer Bill. The Secretary was instructed to write the Senators and Congressman relative to the latter.

Dr. J. N. Day, Jr., then read a very instructive paper entitled "Bacteria and Their Products in the Cure of Disease." This was discussed by Drs. Brainerd and Berstow.

E. M. HIGHFIELD, Secretary.

DICKINSON-IRON COUNTY

At a meeting of the Dickinson-Iron County Medical Society held at Iron Mountain, April 15, 1918, the following officers, all of Iron Mountain, were elected:

President—J. A. Crowell.

Secretary-Treasurer—L. E. Coffin.

Delegate to State Meeting—J. A. Crowell.

Alternate—H. A. Newkirk.

The following resolution was adopted:

Whereas our fellow member Elisha P. Swift, has been summoned to answer "The Long Distance Call" for which we all wait,

Therefore, be it resolved that this Society, we as individuals and the community at large, have suffered the loss of a gentle companion, a conscientious practitioner and an honest man.

Be it further resolved, that these resolutions be

spread upon the minutes of the Dickinson-Iron County Medical Society; a copy be presented to Mrs. Swift and that they be published in the *Michigan State Medical Journal*.

HOUGHTON COUNTY

The February meeting of the Society was held at the Calumet Social Club, Laurium, Feb. 4th.

A motion was passed to pay the State dues of the Members in Active Military service and to maintain them in good standing in the Society without the payment of the County dues.

Dr. J. H. Charters presented a very interesting paper on "The Etiology and Diagnosis of Carcinoma of the Mammary Gland and Uterus."

Luncheon was served in the Club's dining room.

The March meeting was held at the Douglass House in Houghton, March 4th.

Dr. Fred Z. Havens and Dr. Robert S. MacKnight were elected to membership.

Dr. Geo. M. Rees presented a paper entitled, "Abdominal Adhesions," discussing their occurrence and prevention and emphasizing particularly the formation of adhesions following the careless use of solutions, such as bichloride solution.

Dr. H. M. Joy then read a paper entitled, "Colloid Carcinoma of the Peritoneum," and gave the history of a case of this rare affection. The case has been operated four times with recurrence each time.

The April meeting was held in Laurium, April 8th.

Drs. John F. Barton and James M. Walsh were elected to membership.

Communications from Capt. J. D. McKinnon and Capt. B. H. Olmsted, in service, were read.

Two papers were presented and discussed by the

Society, the first by Dr. S. Levin on, "So-Called Bladder Diseases," the second by Dr. R. M. Howell, entitled "Epidemic Meningitis," based on twenty-eight cases during the past year in Cook County Hospital. Both papers were exceptionally well prepared and of great interest.

The Society then adjourned to luncheon.

D. E. GODWIN, Secretary.

INGHAM COUNTY.

A regular meeting of the Ingham County Medical County Society was held at the Chamber of Commerce, Lansing, March 12th, 1918.

Doctor R. E. McCullough, formerly of Mason, was granted transfer to the Genesee County Medical Society because of his removal to Flint. A letter from Doctor Clara M. Davis of the "American Fund for French Wounded" and in service in France was read.

Following is the program:

"Report of Three Recent Cases of Laryngeal Diphtheria,"

Dr. Freeman A. Jones, Lansing.

"Venereal Disease,"

Dr. R. M. Olin, Secretary of the State B. of H.
"Prostatic Obstruction and Its Effect on Renal Function,"

Dr. H. W. Plaggemeyer, Detroit.

From Doctor Olin's talk on the work Michigan is doing to cope with the venereal situation, a discussion arose which culminated in a motion that a committee be appointed by the President to report at a special meeting on a method for carrying on a Venereal Clinic in Lansing.

Doctor Plaggemeyer's scholarly paper was much appreciated. He dealt with the detailed anatomy of the region about the neck of the bladder and discussed at length the mechanical and physiological problems which frequently present.

On March 26th, 1918, in the evening, a Tuberculosis Clinic conducted by Doctor E. B. Pierce of the State Sanitarium at Howell replaced the usual program. This was held at the Edward W. Sparrow Hospital, Lansing. Nine illustrative cases were selected and demonstrated from the fourteen or fifteen patients furnished for the clinic. Inspiration for early diagnosis was certainly created. Doctor Pierce made a plea for greater uniformity of considerations for arriving at definite conclusions in a tuberculous suspect.

EARL I. CARR, Secretary

Sodium Cyanid.—Loevenhart, Lorenz, Martin and Malone report experiments looking toward the use of sodium cyanid, administered intravenously, as a means of stimulating respiration in threatened collapse from drowning, etc. (Jour. A.M.A., March 9, 1918, p. 692).

Book Reviews

DISEASES OF THE SKIN. By Melton B. Hartzell, A.M., M.D., L.L.D., Professor of Dermatology in The University of Pennsylvania. Published by J. B. Lippincott & Co. Price \$7.00.

This is an entirely new work from the pen of the author and embodies the most recent advances in the subject. The pathological classification, which is coming to be the universally accepted system is followed in the arrangement of the book. The text is truly a careful, studious attempt to describe the distinguished characteristics of the many diseases of the skin in a concise, lucid style. The plates and illustrations are excellent in their detail and well chosen.

CLINICAL DIAGNOSIS. By Charles E. Simon, B.A., M.D., Professor of Clinical Pathology and Physiological Chemistry in The University of Maryland Medical School and The College of Physicians and Surgeons, Baltimore, Md. Published by Lea & Febiger, Philadelphia and New York. Price \$6.00.

We take pleasure in recommending this book as an excellent, thorough, up to date description of laboratory methods of diagnosis. Subjective symptoms are frequently indefinite and misleading. A laboratory analysis while not always of such great diagnostic significance is, nevertheless, precise and positive. A few moments reflection on such tests as the Wassermann, the Widal, urinalysis, the kidney function tests, blood and throat cultures, etc., will soon convince one of the extent to which the profession has come to rely on the laboratory technician. A valuable feature of this book to the student and practitioner alike is the separation of the technical details from the discussion of the indications for and the significance of chemical and microscopic tests.

MANUAL OF VITAL FUNCTION TESTING METHODS AND THEIR INTERPRETATION. Second Revised and Enlarged Edition. Wilfred M. Barton, M.D., Associate Professor Medicine, Georgetown, University. Price \$2.00. Richard G. Badger, Publisher, Boston.

The problem of investigating the various vital functions of the organisms, especially those of the heart, liver, pancreas, kidneys and ductless glands, is fast assuming a highly important and even a paramount position in pathological diagnosis.

A great and ever increasing literature in many languages dealing with the subject of vital function exploration is proof of the great interest which is being taken by medical men in this newly developed field.

The great strides which have been made in recent years in all departments of vital function exploration, the discovery of new methods and tests, together with the mass of casuistic and critical literature which has appeared, have rendered it highly important that all this correlated material should be

collected together in book form. In this book the author has taken up systematically the various vital organs and described all the tests of any importance which have been devised for testing their functional capacity.

The book is intended by its author as a practical manual. The facts contained in it have been collected from widely scattered sources.

INTERNATIONAL CLINICS. Vol. I, Twenty-Eighth Series. 1918. Philadelphia and London. J. B. Lippincott & Co.

A glance over the contents of this work will indicate its great value and interest to the busy practitioner. There are several papers of unusual merit in this number. The lectures by Charles Greene Cumstom on injuries to the cranium and brain in war-fare give an impressive insight into the wonderful technic that has been evolved in this branch of surgery. Dr. Victor D. Leppinasse reports several cases illustrating the operative treatment of sterility in the male. There is an interesting exposition of joint diseases illustrated by some striking roentgenograms.

THE MEDICAL CLINICS OF NORTH AMERICA. Vol. I, No. 4. Published bi-monthly by W. B. Saunders & Co., Philadelphia and London.

The subjects of common interest covered in this number are myocarditis and heart-block, diabetes, eczema in childhood, surgical diseases of the upper abdomen and bronchial asthma. The review of cases coming under these heads and the description of the methods used are very instructive as they are conditions which must be dealt with constantly in general practice. Pyelitis of Infancy, an obscure condition to diagnose, comes in for a thorough discussion by Rich M. Smith of The Massachusetts General Hospital.

THE SURGICAL CLINICS OF CHICAGO. Volume II, Number I (February, 1918). Octavo of 226 pages, 73 illustrations. Philadelphia and London: W. B. Saunders Company. 1918. Published Bi-Monthly: Price per year: Paper \$10.00; Cloth \$14.00.

NEW AND NONOFFICIAL REMEDIES, 1918, containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1918. Cloth. Price, postpaid, \$1. Pp. 452 + 26. Chicago: American Medical Association. 1918.

This annual should be in the office of every physician. It lists and describes all those proprietary remedies which the Council on Pharmacy and Chemistry has examined and found worthy of the confidence of the medical profession; that is, articles the composition of which is disclosed, which are exploited truthfully and which give promise of some probable therapeutic value. The description of each article aims to furnish a statement of its therapeutic value and uses, its dosage and method of administration as well as tests for the determina-

tion of its identity and quality. Articles of similar composition are grouped together and in most cases each group is accompanied by a general article which compares the members of a group with each other and with the established drugs which they are intended to replace. The description of the individual articles and the general discussions are written by experts and furnish information of a trustworthiness unsurpassed by any other publication. The book is especially valuable to the busy physician who desires a concise and up-to-date discussion of such subjects as digitalis therapy, the newer solutions for wound sterilizations, iron therapy, food for diabetics, the value of sour milk therapy and of the bulgarian bacillus, the use of radium externally and internally, or arsphenamine (salvarsan, arsenobenzol, diarsenol) and neoarsphenamine (neosalvarsan, neodiarsenol), of local anesthetics, and other advances in therapeutics.

In addition to this annual issue of the book, supplements are sent from time to time to purchasers. With this volume for ready reference, the physician will be able to determine which of the proprietary remedies that are brought to his notice deserve serious consideration. At least he will be justified to subject to close scrutiny those which have not met the requirements for acceptance for New and Nonofficial Remedies.

The book is sent, postpaid, for one dollar. Address the American Medical Association, 535 North Dearborn Street, Chicago.

ANNUAL REPRINT OF THE REPORTS OF THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION FOR 1917. Cloth. Price, postpaid, 50 cents. Pp. 169. Chicago: American Medical Association, 1918.

This volume contains the reports of the Council which were adopted and authorized for publication during 1917. It includes reports of the Council previously published in *The Journal of the American Medical Association* and also reports which, because of their highly technical character or of their lesser importance, were not published in *The Journal*.

In this volume the Council discusses the articles which were examined and found to be in conflict with the rules for admission to New and Nonofficial Remedies. Among these reports are discussions of such widely advertised proprietaries as Corpora Lutea (Soluble Extract), Wheeler's Tissue Phosphates. The Russell Emulsion and The Russell Prepared Green Bone, Trimethol, Eskay's Neuro Phosphates, K-Y Lubricating Jelly, Ziratol, Hepatico Tablets, Hemo-Therapin, Venosal, Surgodine and Kalak Water. A report on Iodeol and Iodagol covers 51 pages and illustrates the exhaustive investigation which the Council is often obliged to make of proprietary articles. Similarly illustrative of the

Council's thoroughness is the clinical study of Biniodol, a solution of mercuric iodid in oil, and the investigation of Secretin-Beveridge, made for the Council by the physiologist, Professor Carlson, of the University of Chicago. The volume also contains reports which explain why certain preparations, such as Alcresta Ipecac tablets, the German-made biologic products and antistaphylococcus serum, which were described in the last edition of New and Nonofficial Remedies, are not contained in the current 1918 edition. Those who wish to be informed in regard to proprietary remedies should have both the annual Council Reports and New and Nonofficial Remedies.

THE MEDICAL CLINICS OF NORTH AMERICA. Volume 1 Number 4. (The Boston Number, January, 1918). Octavo of 401 pages. 128 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Published Bi-Monthly. Price per year: Paper, \$10.00; Cloth, \$14.00.

Miscellany

Calcium Iodide in Tuberculosis.—There appears to be no work to indicate that the intravenous administration of calcium iodide in tuberculosis is of value. It has not been demonstrated that tuberculosis is associated with a deficiency of calcium. On the other hand, experiments demonstrate that the administration of calcium does not change the calcium content of the blood. Furthermore, there is no evidence to warrant the intravenous administration of iodides. (*Jour. A.M.A.*, Feb. 16, 1918, p. 481).

Tyree's Antiseptic and Aseptinol.—Revolutionary changes in the medical sciences have been so numerous and so rapid that the general practitioner has been unable to keep pace with them. In the resulting confusion the nostrum maker has seen his opportunity for exploiting his useless, unscientific or dangerous preparation. Because of the danger of therapeutic chaos, the American Medical Association established the Council on Pharmacy and Chemistry to place the results of therapeutic progress before the medical profession in an impartial manner. Are you availing yourself of the work of the Council, or are you prescribing proprietaries on the advice of their promoters or are you using drugs of established value? Are you prescribing "Tyree's Antiseptic," so-called, or are you using an antiseptic about which there is no mystery, for which no false claims are made and which is really effective??

Tyree's Antiseptic Powder was claimed to be a combination of "borate of sodium, alumen, carbolic acid, glycerin and the crystallized principles of

thyme, eucalyptus, gaultheria and mentha." "Pulv. Aseptinol Comp." is claimed to combine boric acid, the salts of aluminum, crystallized phenol, and the active crystalline principles of thymus, mentha and gaultheria. As a twin may differ from his brother by a wart, so Aseptinol was claimed to contain *hydrastis canadensis* in addition. An analysis of Tyree's Powder showed it be essentially a mixture of boric acid, zinc sulphate with insignificant amounts of odorous principles. In view of the misrepresentation in one case, it is difficult to understand why it should have been taken for the model of the other. These twin nostrums have been exploited by similar preposterous claims; they are utterly unfit for the treatment of the various conditions for which they are to have been recommended.

More important than the relative merits of nostrums such as these is the question whether the medical profession is going to help to perpetuate the chaotic conditions that the use of such nostrums fosters. (*Jour. A.M.A.*, March 30, 1918, p. 949).

Luminal.—Chemically, luminal is phenyl-ethyl-barbituric acid, and differs from veronal only in that one ethyl group is replaced by a phenyl group. Luminal is claimed to be a useful hypnotic in nervous insomnia and conditions of excitement of the nervous system. (*Jour. A.M.A.*, Feb. 23, 1918, p. 559).

Hypophosphites for the Army.—The purchasing department of the medical department of the U. S. Army asks for bids on three tons, on one pound bottles, of the "Compound Syrup of Hypophosphites." These six thousand bottles of a relic of past generations must be paid for and are to occupy valuable freight space in shipping to various Army posts. (*Jour. A.M.A.*, March 16, 1918, p. 783).

Melubrin.—Chemically, melubrin is closely related to antipyrine. It acts as an antipyretic and analgesic and is said to be useful in sciatica, neuralgias and in febrile affections, and as an antipyretic in febrile affections. In Sollmann's Pharmacology, in a discussion of coal-tar antipyretics, it is stated that practical experience has shown that acetphenetidin, acetanilid and antipyrine are the most useful representatives of the group, and that all the others may well be spared. (*Jour. A.M.A.*, March 23, 1918, p. 874).

Medeol Suppositories.—The Council on Pharmacy and Chemistry reports that Medeol Suppositories appear to be an imitation of Anusol Suppositories which in 1907 were found inadmissible to New and Nonofficial Remedies. "Anusol" was formerly said

to be bismuth iodoresorcinsulphonate, but after publication of an analysis in the A.M.A. Chemical Laboratory in 1909, this claim was abandoned and today Anusol Suppositories are said to contain unstated amounts of the indefinite "bismuth oxidid and resorcinsulphonate." "Medeol" is said to be "resorcinated iodo bismuth," but no information is vouchsafed as to the character or composition of the ingredient. As the composition of the two preparations are similar, so are also the therapeutic claims. The Council declared Medeol Suppositories inadmissible to New and Nonofficial Remedies because their composition is secret, because unwarranted therapeutic claims are made for them, because the name is objectionable, and because the combination is unscientific. (*Jour. A.M.A.*, March 9, 1918, p. 719).

Some Misbranded Nostrums.—"Notice of Judgment," reporting prosecutions for misbranding under the Federal Food and Drugs Act, have been issued for the following: Hayseen's Sure Goitre Cure Balsam, a solution of potassium iodid in water, sugar and alcohol. Hayseen's Sure Goitre Ointment, containing petrolatum and potassium iodid. MacDonald's Atlas Compound Famous Specific No. 18, consisting essentially of sodium sulphate, sodium bicarbonate, a laxative plant drug (apparently aloes), ginger, a small amount of phosphate, a trace of alkaloid and talc. Faucine, said to be a "warranted remedy" for piles, diarrhea, dyspepsia, scratches of horses and "good" for female complaints, "hog cholera" and other conditions. Contrell's Magic Troche, containing a little ipecac and claimed to cure catarrh, asthma and diphtheria. Benn Capsules contain strychnin, arsenic, iron and water soluble sulphates, and are sold as a cure for dyspepsia, backache, headache, leukorrhea, falling of the womb, etc. Collins' Voltaic Electric Plasters, claimed to relieve pain and inflammation of the kidneys, of value in fever and ague and "good" for simple bone fracture, and would relieve many cases of bronchitis and asthma, female weakness, etc. Mother Noble's Healing Syrup, containing vegetable cathartic drugs, iron chlorid, Epsom salt and sand. Stuart Buchu and Juniper Compound, containing no appreciable amounts of buchu and juniper. (*Jour. A.M.A.*, March 9, 1918, p. 718).

Thyroid Hyperplasia and Iodin.—The evidence indicates that simple goitre is associated with a deficiency of iodine in the thyroid gland and that goiter formation may be prevented by iodine administration. Marine and Kimball have undertaken a study of goiter prevalence and its prevention by administration of iodine at the request of the Committee on Therapeutic Research of the Council on

Pharmacy and Chemistry. In a complete census of the condition of the thyroid gland in girls from the fifth to the twelfth grades of a school population of a large community at the southern edge of the Great Lakes goiter district, they found that 2,184 or 56 per cent., had enlarged thyroids, 13 per cent. having well defined persistent thyroglossal stalks (*Jour. A.M.A.*, March 23, 1918, p. 848).

CHLORETONE: SUGGESTIONS FOR DOSAGE.

For its hypnotic effect Chloretone may be administered in doses sufficient to produce the desired result without endangering the life of the patient. As one writer points out, it is useless to expect to attain that end by giving the patient small doses—5 grains—at long intervals—three times daily. In general, a single dose, of 5 to 20 grains, will have the best effect. It would be well to give about 10 grains the first night, 15 the second, and 20 grains the third. When a dose is found that produces the desired result, the same dose may be repeated until the "sleep habit" has become established, when it should be reduced gradually.

When the use of Chloretone must be continued for a protracted period, as in the treatment of epilepsy, its effects should be watched lest a cumulative action manifest itself. It should not be pushed to the point of dullness and drowsiness.

As a sedative in asthma, chorea, pertussis, nausea, emesis gravidarum, and seasickness, doses of 3 to 10 grains, at stated intervals according to the effect, are generally sufficient. As a preventive of post-anesthetic nausea the administration of ether, is the usual practice.

The principal effects of Chloretone are manifested upon the central nervous system. It acts like other hypnotics, but, unlike most of the latter, it does not depress the circulatory system, nor does it disturb digestion.

Chloretone is procurable in 3-grain and 5-grain capsules, convenient for administration.

LEST YE FORGET
THE
ANNUAL MEETING
WILL BE HELD
THE
7th, 8th and 9th
of May